VS A15 (4) 15M 10/57 1. PLACE OF DEATH

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		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	1
DR/	VAN ORMER	A CENTIFICATE OF DEATH	

A. 72	90	
75		
THE REAL PROPERTY.		

VAN ORMER 7460 CERTIFICATE OF DEATH

RTIFICATE OF DEATH

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

(ALLEGANY		MARY	LAND	o. STATEMARYLA	ND	b. COUNTY	ALL	EGAN	Y	,,,,,
ł	c. CITY OR TOWN (If outside corporol RURAL and give nearest town) CUMBERLAND	e limits, write	c. LENGTH OF STAY	IN 1b	CUMBERL	If outside corpo	rate limits, write l	RURAL ond	give nea	rest tow	n)
·	NAME OF HOSPITAL (IF not in hosp OR INSTITUTION MEMORIAL HOS		oddress)	E	d. STREET ADDRESS	ALLEGA	NY				FARM?
	NAME OF DECEASED Type or print) FAN	First INY	Middle		lost AMICK	4. DATE OF DEATH	JULY	nth	Do)	_	Yeor 1958
S. S	FEMALE 6. COLOR OR E	ACE 7. MAR	RIED NEVER MARRIE	_	JAN. 16		9. AGE (In years lost bythday) OO yrs.		Doys		ER 24 HRS. Min.
10a	USUAL OCCUPATION (Give kind of during most of working life, even if r	work done 10b. etired)	KIND OF BUSINESS O	R INDUSTRY	WEST VI		ountry)	12. CI	TIZEN O	F WHAT	COUNTRY
	FATHER'S NAME			1	4. MOTHER'S MAIDEN				•		
	WILLIAM MORELAND				MART	THA MATT	THEWS				
115.	WAS DECEASED EVER IN U. S. ARMEE no. or unknown) (If yes, give wor or do	FORCES? 16.	SOCIAL SECURITY NO.	200.00			Ado	A VE N	UE		
	18. CAUSE OF DEATH [Enter only of PART 1, DEATH WAS CAUSED IMMEDIATE CAU	BY:	ne for (o). (b), and (c).]	7 t	rombo	ris c	with is	٨.			TWEEN DEATH
	Conditions, if any, which gove rise to immediate couse (a), stating the <u>under-lying couse last</u> .	(b) JE TO (c)	hyporten	not	raren	in D	nedre		7		
CERTIFICATION	260 X Dealete	1 me	CONTRIBUTING TO DEA	ATH BUT NO	T RELATED TO THE TER	RMINAL DISEAS	E CONDITION GI	VEN IN PAI	RT 1(o) 15	PERFC	AUTOPSY PRMED?
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN	206. DES	CRIBE HOW INJURY OF	CCURRED. (8	inter nature of injury	in Port I or Port	t It of item 18.)				
MEDICAL	20c. TIME OF INJURY Month, Day Hour o.m. p. m.	, Year 20d. I While of war	Not while	20e. PLACE foctory	OF INJURY (Home, for, street, office bldg.,	orm, 20f. (City etc.)	or lown)	((County)		(Stole)
	21. I certify that I attended alive an I g G ACTUAL SIGNATURE	the deceased 19	-	death ac	., 19 <u>58</u> , ta_curred at 11:2			and an t		e state	deceased ed above. ATE SIGNED
	PHYSICIAN'S DR. W.	VAN ORI	MER		Cum	berla	d, me	el			
	BURIAL, CREMATION, 22b. DATE THE	3/58	GINEVH	TERY OR CE	REMATORY EM.	PURAL	TION (City, town.	or county)		(Stot	", VA
22.	UNERAL DIRECTOR'S SIGNATURE	OEAK	ADDRESS Ber	kele	240. RE		rar 246 Regi	STRAR'S SI	GNATUR	E	
			3/	7	W. Na.						

AD PROMITIAN		从即为他位于八石之(1444)		
		DESCRIPTION		
	CIACYGAN		A MARIE DE LA CONTRACTION DE L	
	BATTER .	The State of Miles		
STATE OF STA	HALLST V			
	at the state			
	Harris 1971			
12.24.1.41.2.4				
	A CALL OF THE			
	All the Town			

746 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

	Allege	iny		MARYLAN		o. STATE MAT		sed lived. If institu b. COUNT	Y All	ence bef	ny odmis	sian)
b. C	ITY OR TOWN (If outs and give neares) town)	de corporate limits, write	RURAL	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN	(If outside cor	porate limits, write	RURAL one	d give n	earest low	rn)
-	mberland			60yrs	K	2 Cumberland, Md.						
			If not in h	ospital, give street oddress)		d. STREET ADDRES	SS					SIDENCE
1) -O -A - Me	emorial	Hos	pital		902 LaFa	yette	Ave.				NO X
		Mvrtle		Middle	ละ	inger	4. DATE	July 29		Day		58
5. SEX	6.		7. MAR	RIED NEVER MARRIED				9. AGE (In yeors	IF UNDER	TYEAR	IF UNDE	R 24 HRS.
	ਸ	W	WIDOW	/ED DIVORCED	A	ugust 7,	189T	66 yrs.	Manths	Days	Hours	Min.
0a. U	SUAL OCCUPATION	Give kind of work	done 10b	KIND OF BUSINESS OR IND			and a	country)	12. CITI	ZEN OI	F WHAT C	COUNTRY?
	ng mast of warking ti			Ownhome		Gaither	sburg.	Md.	U	SA		
	THER'S NAME			0 11111101110	1	4. MOTHER'S MAIDE						
To	ohn Durb	in				Mary J	. Non	rris				
15. W/	AS DECEASED EVER I		RCES? 1	6. SOCIAL SECURITY NO. 17	INFO			Address				
		es, give war ar dates of	service)	None	т	eoda M.	Rownin			9770	tta	Ave.
No		Fater only one cou	ne per lie	None		eoua III.	DOWLTI	iget our	Detr	-	VAL BETWEE	
1.0		VAS CAUSED BY:	au per in		-					ONSE	T AND DEAT	TH
		MEDIATE CAUSE (a)		Coronary oc	CTI	islon				3	O Mi	n;
1	400,1	DUE TO			-							
	anditions, if any, ove rise to immediate			Coronary S	cl	erosis						
), stating the und											
co	ouse last.) (c)										
Kuok	PART II, OTHER	SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NO	RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GIV	EN IN PAR		PERFOR	
U CA	O. EXTERNAL CAUSE IMARY or CONTRI NUSE OF DEATH.	WAS BUTING []	6. DESCR	BE HOW INJURY OCCURRED	. (Ente	r nature of injury in	Part 1 or Part II	of item 18.)				
20 ZO	c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yee	W		PLACE	OF INJURY (Home, f , street, affice bldg.,	form, 20f. (Cit	y or lown)	(Ca	unty)		(Stote)
21	1. I certify that	I taok charge	of the	remains described a	bove	, held an Auta	psy [], 1	nspection K.	Inquir	у ГА	, and	d in my
				causes 🔼, Acciden					rmined r	, —		
	CTUAL CONTRACTOR	nediet	2 1/2	itarelie)	^	A.D. CHIEF MEDICAL	L EXAMINER				DATE SH	GNED
	XAMINER'S AME (Type) B	enedict	Ski	tarelic, M.	D.	ASSISTANT MEDIC		-	y 29	,19	58	
RE	URIAL, CREMATION, EMOVAL (Specify)	226. DATE THERECO	F	Rose Hill	_			tion (City, fown, berland			(State))
	NERAL DIRECTOR'S S			ADDRESS		24a. R	EC'D BY REGIST		STRAR'S SIC		E	
-				mberland, Mo	d.	DATE	JUL 3 1 '5	18 au-	Lean	eh		
10	mes of	evary	elle									

VS. A1SME 5M 2/57

HOUSE, PS. 1984 | Electron and I. T. T. Signing To Be the committee of the THE PERSON NAMED TO BE STOLEN.



filled in by the funeral director, agges 1 and 2 shauld be filed with

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

77.00 CEDTICICATE OF DEATH

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9		V	V		22
Reg.	Dist.	No.	Ú.	4-5	

		140	G CERTI	FICA	IE OF DEAT	П		Reg. Dis	t. No.	19457
PLACE OF DEATH O. COUNTY ALLEGANY			MARY		2. USUAL RESIDENCE (* o. STATE MAI	Where decease	ed lived. If institution b. COUNTY		e before	
b. CITY OR TOWN (If RURAL and give ne		ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (I	If outside carp	orate limits, write R	URAL and g	ive near	rest tawn)
CUMBERL			4 DAYS		12 CUMBI	ERLAND				
d. NAME OF HOSPITA	AL (If not in hospitol, g	ive street	oddress)		d. STREET ADDRESS				0	IS RESIDENCE
	HEART HOSP	ITAI.			12 EAST	r SECON	D STREET			YES NO
3. NAME OF DECEASED (Type or print)	JOSEPH		Middle	BE	LFOURE	4. DATE OF DEATH	Man	th	Doy	Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	D 8.	DATE OF BIRTH		9. AGE (In years		YEAR	IF UNDER 24 HRS.
FERALE	WHITE	WIDOW	ED TO DIVORCE		MARCH 19.	1874	lest birthday) 84 yrs.	Manths	Doys	Hours Min.
10a. USUAL OCCUPATIO during mast af wark HOUSEWT	ng lite, even it retired	done 10b.	Own Home	R INDUSTR		rate or foreign o	country)	12. CITI U.S.		WHAT COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN	By The Administra		0.00	41.0	
Antonio Sin	ibaldi	(DH	CEASED)		Maria Cipi	riani	(DEC	EASED	1	
IS. WAS DECEASED EVER		CES? 16.		. 17. INF	DRMANT		Addr			
Yes, eq. or unknown!	F yes, give war or dates of s	ervice	None	PA	TIENTS CHAP	Suh				
18. CAUSE OF DEA	TH [Enter anly one co	use per li	ne for (a), (b), and (c).]		LINE OFFI				LINTER	PVAL BETWEEN
	H WAS CAUSED BY:		Than	en	rio					T AND DEATH
331x	DUE TO					.0	0		1	cay)
Conditions, if an	v. which) "	/	elx C	ères	Prel 7	Jeen	ors de	eto	15	der
gave rise to in	mediote (0	-				1		8/
lying cause last.	he under-	E	went	7	Louis	elia,	Rh		-5	day
PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART		. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CURRED.	Enter noture of injury i	n Part I ar Par	t II of item 18.)			
20c. TIME OF INJURY Haur a.m. p. m.	Month, Day, Yes	20d. It While at war	Nat while	20e. PLACI foctor	OF INJURY (Home, fa y, street, office bldg., e	erm, 20f. (Cit)	y or town)	(Co	ounty)	(Stole)
21. I certify the	at Lattended the	decease	ed from Jane	130	1958 to	Jus	7 3 105	that I le	ast sov	w the decease
alive an	ely 3		-6	death a	ccurred at 1:16	A.M. from				
0	08	,	1				treet, city ar town,		C GGIE	DATE SIGNE
ACTUAL SIGNATURE	lay	0	Sunes	M.I	236 Va.	less (und	elas	me(13/50
	LAY E. DURI		M.D.B		236 VII	RGINIA	AVE. CUM	BERLA	ND.	MARYIANI
22a. BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CEME	TERY OR C	REMATORY	22d. LOCA	TION (City, tawn, a	r county)		(State)
Burial		958	St. Marys	Ceme:	U I		erland, N	d		A
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		24o. RE	C'D BY REGIST	TRAR 246. REGIS	TRAR'S SIGI	NATURE	

158

246. REGISTRAR'S SIGNATURE

JUL

DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital of attending physician.

TO FUNERAL DIRECTOR: After this difficate has been signed by the attending physician and camplet page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers, the registrar priar to burial, cremation, or remayol, and in any event within 72 haury after death. VS A15 (4) 15M 10/57

Charles L. George,

Cumberland, Md.

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VS A15 (4) 15M 9/55 00

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7504 CERTIFICATE OF DEATH

	•	The state of	
Reg.	Dist.	NO 7588	

0745

. COUNTY Alleg	gany	MARYLAND		land b. COUN	Allegany
b. CITY OR TOWN (If outside RURAL and give nearest to LONACOL	corporate limits, writ	c. LENGTH OF STAY IN 16		outside corporate limits, write	e RURAL and give nearest town)
d. NAME OF HOSPITAL (IF no OR INSTITUTION	ot in hospital, give stra Robin Str		d. STREET ADDRESS	Robin Stree	e. IS RESIDENCE ON A FARM? YES NO DO
3. NAME OF DECEASED (Type or print)	Harry	Middle Leroy	Bell	OE .	Aonth Day Year 19 19 58
		ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Sept 18, 18	9. AGE (In year last birthday 59 y	ors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	even if retired)	Own Busines	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
	nes H. Be			ise Fazenba	aker
15. WAS DECEASED EVER IN U. (Yes, no, or unknown) (If yes, giv	S. ARMED FORCES? e war or dates of service)	16. SOCIAL SECURITY NO. 17. 1 216-05-5308	INFORMANT		address 26.7
18. CAUSE OF DEATH [En PART I. DEATH WAS IMMED	CAUSED 8Y: IATE CAUSE (o) DUE TO		Mrs. Harry		interval Between onset and Death
PART II. OTHER SIGN PART II. OTHER SIGN OR CONTRIBUTING CALL OR CONTRIBUTING CALL ET ITHER, NOTIFY MEDICA	(c)				GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	SE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	roff for roff if of fiem 16.)	
20c. TIME OF INJURY Mon Hour a. m. p. m.	Wh		ACE OF INJURY (Home, fare ctory, street, office bldg., et	m, 20f. (City or town)	(County) (State)
21. I certify that (alive an	ttended the dece	ased fram Mach	31, 1958, ta 1 n occurred at 21		s and an the date stated abave DATE SIGNED
PHYSICIAN'S LES	WE R.	MILES JR.	Torrac	ening	md
220. BURIAL, CREMATION, REMOVAL (Specify) Burial	7/22/58	22c. NAME OF CEMETERY C	emetery	Westernpo	ort, Md.
George Eich		Lonaconing,	Md. DATE	JUL 2 4 '58 24b. RE	CISTRAP'S SIGNATURE

Maria Barana and Charles	TE OF DEATH		W CENTRAL STATE
No. of Land	The Part of the Pa	034,7530	version III
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VS A1S (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7463 CERTIFICATE OF DEATH

Reg. Dist. N. 67459

	1. PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WH	ere deceased lived. If instit b. COUN	ution: Residence be	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, write	RURAL and give r	nearest fown)
	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION WARWICK MEMORIAL HOSPITAL MEMORI	AND	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED	Middle	Lost	4. DATE M	onth (Doy Yeor
	(Type or print) ELMER	N.	BENNETT	OF DEATH JU		22 -19 58
	S. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (in year	IF UNDER 1 VE	AR IF UNDER 24 HRS.
	MALE WHITE WIDOV	VED DIVORCED	OCTOBER 28, 1	884 73 ye	1	Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b) during most of working life, even if retired) Fitness Engineer 13. FATHER'S NAME	B+O P.R	STRY 11. BIRTHPLACE (STOLE SLATE R	RUN. PA.		OF WHAT COUNTRY?
	WARD BENNETT		RACHEL	ANN HULBERT		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes. no. or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. I	NFORMANT		ddress	
	77 6	N	MEMORIAL HOSPI	TAL CUI	MBERLAND.	MD
	18. CAUSE OF DEATH [Enter only one couse per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS.	Cente (Corcline S ohn Caselio I	Failvore	OF	ITERVAL BETWEEN NSET AND DEATH 3 May
	On Account was an account of The	SCRIBE HOW INJURY OCCURREN			IVEN IN PART 1(0)	PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. 19 While of wo	Not while	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County	y) (Stote)
	21. I certify that I attended the decear alive an	58, and that death	accurred at 5:10P	//	and an the de	DATE SIGNED
	220, BURIAL, CREMATION, 22b. DATE THEREOF, 12b. MOVAL (Specify) 7/35/58	22c, NAME OF TEMETERY OF	Burel Ph	22d. LOCATION (City, town,	or county)	(State) De la Companya de la Company
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	M Q 240. REC'D		SISTRAR'S SIGNATI	/

CERTIFICATE OF DEATH ANTICUM TYPE the second of the last transfer of the State THE RESERVE OF THE PARTY OF THE PARTY.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7505 CERTIFICATE OF DEATH

US SON

· Reg. Dist. No.

die B. DATE	Eckha STREET ADDRESS Lost Byrnes	utside corporate limits, write RI		e. IS RESIDENCE ON A FARM? YES NO
dle RIED 6 B. DATE	tosi Byrnes	OF _	h Da	YES NO
RIED B. DATE	Byrnes	OF _	th Da	· · · · · · · · · · · · · · · · · · ·
RIED B. DATE			20t	1- 50
-	OF BIOTH	9. AGE (In years		19 19 50
710	v.23rd.1	- lost birthday)	Months Days	Hours Min.
			12 CITIZEN O	OF WHAT COUNTRY
nt &	BIRTHPLACE (State			
		200	I US	A
1.5	20			
	Byrnes,	Ecknart	7	
jo Les	nt fa	ilme		ERVAL BETWEEN SET AND DEATH Weeks
l insi	ula fe	ny, when	se,	·l. 3
			EN IN PART 1(0)	9 WAS AUTOPSY PERFORMED? YES NO (2)
OCCURRED. (Enter	noture of injury in P	ort I or Part II of item 18.)		
20e. PLACE OF I factory, stre	NJURY (Home, form, eet, office bldg., etc.)	20f. (City or town)	(County)	(State)
g leg,	1958, to a			
M.D	1225	DDRESS (Street, city or lown, s	itole)	20 guly S
	Cump	lelond, m	vl.	
ALEXEDIA OD COCIA				
METERY OR CREMA		22d. LOCATION (City, town, o		(Stote) Md.
	Cemetery	Frostburg,		Md.
	14. M 10. 17. INFORMA 17 John 17 John 18. Why 19. Let 19. Le	Marylar 14. MOTHER'S MAIDEN N Elizabet 10. 17. INFORMANT 17 John Byrnes 18. Vulnula fe 19. Leat fa 19.	Maryland 14. MOTHER'S MAIDEN NAME Elizabeth E. Sulliva 17. INFORMANT Address 17. INFORMANT Address 17. INFORMANT Address Co.] Place of Larly Coccurred. (Enter noture of injury in Port I or Part II of item 18.) 18. Information of Injury in Port I or Part II of item 18.) 18. Information of Injury in Port I or Part II of item 18.) 18. Information of Injury in Port I or Part II of item 18.) 18. Information of Injury in Port I or Part II of item 18.) 18. Information of Injury in Port I or Part II of item 18.) 18. Information of Injury in Port I or Part II of item 18.) 18. Information of Injury in Port I or Part II of item 18.) 18. Information of Injury in Port I or Part II of item 18.) 18. Information of Injury in Port I or Part II of item 18.) 18. Information of Injury in Port I or Part II of item 18.) 18. Information of Injury in Port I or Part II of item 18.) 18. Information of Injury in Port I or Part II of item 18.) 18. Information of Injury in Port I or Part II of item 18.) 18. Information of Injury in Port I or Part II of item 18.) 18. Information of Injury in Port I or Part II of item 18.) 19. Information of Injury in Port I or Part II of item 18.) 19. Information of Injury in Port I or Part II of item 18.) 20. Information of Injury in Port I or Part II of item 18.)	Maryland 14. MOTHER'S MAIDEN NAME Elizabeth E. Sullivan Address 17. INFORMANT Address 17. John Byrnes, Eckhart, Md. Ch.] Plant failur Whyler feat disease, Maryland INTERPREDICT Sullivan INTERPREDICT SULLIVAN ONE Chart But Not related to the terminal disease condition given in Part 1(o) 1 OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) foctory, street, office bldg., etc.)

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VS A15 (4) 1SM 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	8
7464	CERTIFICATE	OF DEATH	

CERTIFICATE OF DEATH Reg. Dist. No.

	PLACE OF DEATH	Allega	ny	MARYLAND	2. USUAL RESIDENCE O. STATE Mar	(Where decease yland	b. COUNTY	an: Residence before Allega	ng are admission)
	RURAL and give no	f autside corporate limit parest tawn) berland	s, write c,	LENGTH OF STAY IN 16 9/3/57		(If outside corp	porote limits, write R	URAL and give ne	arest town)
	OR INSTITUTION	Allegany			d. STREET ADDRES		Street		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Fire Dor	a	Middle Louise	Carrol	1 4. DATE OF DEAT	H Jul		y Year 19 58
S. :	Female	White	WIDOWED		8/4/1913		last birthday)	Months Days	Hours Min.
	Housew	king life, even if refired)	lane 10b. KIN	Home	USTRY 11. BIRTHPLACE (S		country)		A •
13.	FATHER'S NAME	illiam Ba	ntz		14. MOTHER'S MAIDI	ta Cre	abtree		
15. (Yes		R IN U. S. ARMED FOR		11 SECURITY NO. 17.	Allegany	Box 59 County			rland, Md
MEDICAL CERTIFICATION	PART I. DEA 3 45 X Conditions, if a gave rise to in cause (a), stating lying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour a.m. p.m.	mmediate the under. DUE TO (c) HER SIGNIFICANT CONIC (c) AS UNDERLYING (I) CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yea 19 at 1 attended the	20b. DESCRIBI	TRIBUTING TO DEATH BU E HOW INJURY OCCURRED Not while of work 20e. P		form, 20f. (Ci	ort II of item 18.) by ar town)	(County)	YES NO (State)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	1/58 Auco Dr. James	E. M	noli		ADDRESS (om the causes of Street, city or town,	nd on the do	DATE SIGNED
220	BORIAL, CREMATIO BEMOVAL (Specify	M. 22b. DATE THEREO	8 2	Sunsel M.	or CREMATORY Pork	228,400	ATION (City, lawn, a	or county)	Istate)
23.	FUNERAL DIRECTOR	S SIGNATURE	Inc	ADDRESS Lumb	m Q 240. F	JUL 7	STRAR 24b. REGIS	STRAR'S SIGNATU	RE

Trong Lin	The state of the s	Tribbott Control
Arto di valo	THE THE PARTY OF T	
	3 P. Cuaberlants	And Highligh
	Coords north 853 Venera Filt	ermot in units
	the distribution of the	American State of the State of
		THE LANGE STREET
.4 .5 .5	burfyralf	C) — ethonoli
		Textored out III is
	Allegand Country and Allegand And And Allegand And Allegand And Allegand And Allegand And Allega	
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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7465 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

Reg. Dist. No.

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						The state of the s
1. PLACE OF DEATH a. COUNTY	ALLEGANY	MARYLAND	2. USUAL RESIDENCE (MARYL	Where deceased lived. If b. Co	institution: Resident	
b. CITY OR TOWN RURAL and give to	(If outside corporate limits, write nearest town) RLAND	c. LENGTH OF STAY IN 16		routside corporate fimits,	write RURAL and g	give nearest town)
OR INSTITUTION	INCHION INC HOSE	ITAL	d. STREET ADDRESS	IORTH CENTRE	ST	e. IS RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	L & WARWLCK AVES First MAUDE	Middle	Lost CASSIDY	4. DATE OF DEATH	Month JULY	Doy Yeor
5. SEX FEMALE	6. COLOR OR RACE 7. MAR.		8. DATE OF BIRTH FEBRUARY I	9. AGE (In last birt	years IF UNDER	1 YEAR IF UNDER 24 I Days Hours Mi
13. FATHER'S NAME	ON (Give kind of work done 10b fking life even if prized) actory Works. (CASS/DY	KIND OF BUSINESS OR IND Leaning & Dy	USTRY 11. BIRTHPLACE (Stot	RK, MARYLAN		J. S. A.
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	MEMORIAL HOS	PITAL -	Address CUMBERLAN	VD, MD.
PART I. DE 592 K Conditions, if gave rise to couse (o), stoting lying couse lost.	immediate DUE TO	ironic, ne	phretie	and Uren	ia	ONSET AND DEAT
3 Care	THER SIGNIFICANT CONDITIONS	eft man	umany of	land,		T 1(0) 19. WAS AUTOI PERFORMED YES NO
O (IF ETHER, NOTIF	AS UNDERLYING (1) 20b. DES G (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUR	RED. (Enter nature) of injury in	Port I or Port II of item	18.)	
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Year 20d. While of wo	Not while	PLACE OF INJURY (Home, for loctory, street, office bldg., et	m. 20f. (City or town)	(C	County) (St
alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the decear uly 10 , 19. Uylom Aa DR. WYLIE M. FA	SS, and that deal	th accurred at 8:15 M.D. Cleurberl	ADDRESS (Street, city of	uses and an th r town, stole)	last saw the dece he date stated ab DATE SI
220. SURIAL, CREMATIC	1/13/58	Hellerest &	OF CREMATORY Pork.	22d. LOCATION (City,	ela-Q	M S (Stote) &
23. FUNERAL DIRECTOR	Signature Q	ADDRESS Cumb-	M Q 240. REC		REGISTRAR'S SIG	

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B. M. S. X. S.		,	
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Pages 1 and 2 should be filed with

icate has been signed by the attending physician and camplete

Then please remave carban papers.

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24 hours after death. Page

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

- 074b

7466 CERTIFICATE OF DEATH

-		
Reg.	Dist.	No.

				Reg. Dis	. No.
1. PLACE OF DEATH o. COUNTY ALLEGANY	MARYLAND 2. t	JSUAL RESIDENCE (Who STATE MARYLAND		f institution: Residence COUNTY ALLEGA	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND	DAYS X	LONACON			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MEMORIAL HOSPITAL, MEMORIAL AVE.	1	BEECHWOOD	ST.		e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print) MR NOTLEY B.	Middle CO(Lost	4. DATE OF DEATH	Month JULY	Day Yeor
	VORCED	TE OF BIRTH	1899 50	sthdoy) Months I	YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Kootz Coal CO.	NESS OR INDUSTRY	MARYLAND	r foreign country)	12. CITIZ	U.S.A.
13. FATHER'S NAME ROBERT COOK	14.	MARE MARY	NICOL		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service) 215-09-4		BERLAND, MD	MEMOR IA	Address L HOSPITA	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), or PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO DUE TO		hae Fai	line		INTERVAL BETWEEN ONSET AND DEATH 3 TOTAL
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) DUE TO Low Rom	in 1 t	ymphal	ie, Ch	onie	8 month
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T					1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRY OCCURRED. (Ent	er noture of injury in Po	ort I or Port II of item	18.)	
20c. TIME OF INJURY Month, Doy, Year Hour a.m. While Not while of work of work to the other of the point of t	D 20e. PLACE O factory,	F INJURY (Home, form, street, office bldg., etc.)	20f. (City or town)	(Co	unity) (Stote)
21. I certify that I attended the deceased from 2 alive an 10 July 1958, and	flat death acci	, 1958, to //			st saw the deceased
SIGNATURE W. alfred Von Our	ren M.D.	1225.2	DDRESS (Street, city	or town, state)	If Julys
PHYSICIAN'S NAME (Type)		Cumb	rlord	Ind.	0
Burial 7/13/1958 Oak	F CEMETERY OR CREATE		22d. LOCATION (City		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS GEORGE EICHHORN LONACON II		24a. REC'D		REGISTRAR'S SIGN	NATURE

TO HOSPITAL OR ATTENDING PHY SCIAN: The law requires that the death certificate be executed page 3 should be detached far use as the burial-transit permit. Then please remaye carban page the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death may be retained by the haspital ar VS A15 (4) 15M 10/57

TW LOOK 30 50X THE PERSON OF TH TATE TATE OF THE PARTY CONTINUES TO FEBRUARY TO THE PARTY OF THE PARTY TO SEE BELLEVIEW INTERPRETARION TO SEE

may be retained by the hospital or TO FUNERAL DIRECTOR: After this c poge 3 shauld be detached for use

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7467

CERTIFICATE OF DEATH

Reg. Dist. No.

07464

1.	PLACE OF DEATH	Allega	ıny	MARYLA	- 11	USUAL RESIDENCE (Where decease	d lived. If institutio b. COUNTY		before admiss	ion)
	RURAL and give n	If outside corporate limi earest town) perland	7 30 1	ENGTH OF STAY IN	116	c. CITY OR TOWN (If outside carpo	prote limits, write RU		0 0	n)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g			ary	d. STREET ADDRESS 301	Fairv	iew Str	eet		SIDENCE A FARM? NO
3.	NAME OF DECEASED (Type or print)	Cath	nerine	Middle Peters	C	rawford	4. DATE OF DEATH	July	_		Year 19 58
5.	Female .	6. COLOR OR RACE White	7. MARRIED WIDOWED			ATE OF BIRTH 5/12/1872	2	9. AGE (In years last bythday) 86 yrs.		YEAR IF UNDI	ER 24 HRS. Min.
L	Housewif FATHER'S NAME					Western	OORT, M	aryland	12. CITIZ	S. A	COUNTRY?
1.5 (Y		Perdinand R IN U. S. ARMED FOR (If yes, give wor or dotes of se	CES? 16. SOCI			Katrin RMANT P.O.I Begany Cou	30x 59	9 Addre		berla	nd, Md
		mmediate (d	(o). (b) ond (c).) Leveler Greler	bera	arte	nios	elero.	ie,	INTERVAL BE	
CERTIFICATION	PART II. OTI	HER SIGNIFICANT CON	ontions contra	1 He	ci	reple	- Jua		N IN PART I	PERFO	AUTOPSY ORMED? NO
MEDICAL CERTII		MEDICAL EXAMINER)	r 20d. INJURY While		e. PLACE	oter nature of injury in OF INJURY (Home, fa , street, affice bldg., e	orm, 20f. (City		(Cod	unty)	(State)
	alive anACTUAL SIGNATURE	at I attended the 2/25/58 ALCONOMICS Or. James	19	non that de	eath ac	., 19, to_ curred at 9:20 49 Gre Cumber	ADDRESS (SI	n the causes ar freet, city or town, s	nd on the	date state	deceased ed abave. ATE SIGNED
5	BURIAL, CREMATIO REMOVAL (Specify)	7-29-	-28 G	NAME OF CEMETE	RY OR CI	mate	C'D BY REGIST	TION (City, tawn, or	tre.	(Stote	:)
1	114.7	Led Orrele	ar CI	000000	1-4	1/10- 10-	L 2 9 '58	augh	eruel		

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	Latentia AGC : Posterio Educa		
17.55/28	.au edecas Cu .D.		
4	El , Dan Pundrura	James M. Helennant	EC RESIDE

VS A1S (4) 15M 10/57

24 hours after death. Page 4

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MARYLAND STAT	E DEPARTMENT	OF	HEALTH-BALTIMORE,	18
7468	CERTIFICATE	OF	DEATH	0.

								was pitt.	10.	
1. PLACE OF DEATH o. COUNTY ALLEGAN			MARY		O. STATE MARYLAND	Where deceased	lived. If instituti b. COUNTY	on: Residence b	efore admissi	on)
CLIMBER LA	AND	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I		rote limils, write R	URAL ond give	nearest town	
d. NAME OF HOS OR INSTITUTION MEMORIAL	PITAL (If not in hospital AN WA HOSPITAL - M	RWICH EMOR	AND IAL AVE.		d. STREET ADDRESS RAILROAD			83	e. IS RESI ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	MARY	rst	Middle A NN		DAILEY	4. DATE OF DEATH	Mon JUL			eor 2 58
5. SEX FEMALE	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE		JUNE 2	7	9. AGE (In years lost bythday) 74 yrs.	IF UNDER 1 YE Months Doy	AR IF UNDER	10
during most of w	TION (Give kind of work orking life, even if retired DUSEWOPK	done 10b.	KIND OF BUSINESS OF						S. A.	COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			THE T	
	MICHAEL M	C GIN	VTY Y		MARY	CALDER	MOOD			
15. WAS DECEASED E	VER IN U. S. ARMED FOR	ancical		17. INFO			Add	ress		
No	(in yes, give wor or ourse or s	2	216-05-59	LOAME	MORIAL HOSE	PITAL	CUMBEI	RI AND A	MARYLA	ND
Conditions, if gave rise to cause (a), stotin lying couse los	ony, which (b immediate DUE TO)	CONTRIBUTING TO DEA	J 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	y car				11.0	ly
TA CA								EN IN PART I(o)	PERFOR	MED?
	WAS UNDERLYING A IG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (Enter noture of injury i	in Part I ar Part	II of item 18.)			
20c. TIME OF INJU	10	20d. If While of wor	_ Not while	20e. PLACE foctor	OF INJURY (Home, fa y, street, office bldg., e	orm, 20f. (City etc.)	or town)	(Count	'y)	(State)
21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	DR RICHARD	19		/	2, 19 , to courred at 2:40		the causes a reet, city or sown,	stote)	date stated	
220. BURIAL, CREMATI REMOVAL (Specif Burial	y)	58	22c. NAME OF CEME		REMATORY emetery		ION (City, town, on aconing	r county)	(State)	1-l-f2
23. FUNERAL DIRECTO	EICHHORN,	LON	ADDRESS ACON ING.	MD.		IN BY REGISTS		RAR SOUGHA	WRE	

THE WATCH CONTRACT OF THE PROPERTY OF THE PARTY OF THE PA WIND OF STREET Mary Paris Transport of the Paris Inc. THE RESERVE AND THE PROPERTY AND THE CHEST OF A CONTROL SECTION AND A CONTROL SEC

HOSPITAL

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	L. Day Expansivo . 1 100 maj		
		and the ball	

FOR STATE

HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: The certificate should be executed within 24 hours after death. If and delay is necessary, please execute the certificate, writing the first of "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to fineral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and is any event, within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7506 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

107468 Reg. Dist. No.

). PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
i	o. COUNTY allegany MARYLAND	o. STATE and land b. COUNTY allegame
i	b. CITY OR TOWN (If outside conforme limits, vite RURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest towh)
	Lonaconina	X Lonacomini
ı	O. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
)	Eharlestown St.	Charlestown St. VES IN NO X
i	3. NAME OF First Middle	Lost 4. DATE Month Day Year
1	(Type or print)	Total DEATH Liles 8 1958
	5. SEX 6. COLOR OR RADE 7. MARRIED NEVER MARRIED 8	July 8
	Wale White WIDOWED DIVORCED	an. 11-1908 Soyrs. Months Doys Hours Min.
	10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY 11. WRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Wetal Worky.	Selveys Port, and y. S. a.
)	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	John Hoste	agues Guywonn
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMAN Address
	215-18-8067 2	us George noote, Jonscon and
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL STWEEN ONSET AND DEATH
i	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Junhot	wound of head Sudden
1	976X DUE TO	
	Conditions, If ony, which) (b)	
1	gove rise to immediate cause (0), stating the underlying DUE TO	
i	couse lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
)	8	PERFORMED? YES NO
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	inter noture of injury in Part I or Port II of item 18.)
		CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	Hour Branch & 1958 While Not while of work of work	sy, since, write brogg, etc.)
ı	21. I certify that I look charge of the remains described abo	ve, held on Autopsy . Inspection . Inquiry . and in my
۱	opinion death resulted from: Natural causes . Accident	, Suicide , Homicide , Undetermined monner
	2	
	SIGNATURE Bluedict Skitarelie	M.D. CHIEF MEDICAL EXAMINER
		ASSISTANT MEDICAL EXAMINER [] 1 0 10 - 0
	NAME (Type) Benedict SKITAREL	C DEPUTY MEDICAL EXAMINER & JULY 8, 1930
	220. BURIAL, CREMATION, 22b. DAJE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (911y, town or county) (Stole)
	Bureal 1/11/1438 Memorial	Park Mrostburg, and
	23. FUNDRAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
_	Teorge Ouchhom Jonacon	in 2nd partill 11'58 Micheluch

等的人或引起的一种的人。 1915年1月1日 - 1915年1日 -VALID THE BLOCK EXAMINED S CERTIFICATE OF DEATH

1 20					4.4	10.	IL OI D			
	1.	PLACE OF DEATH	GANY		MARYL		2. USUAL RESIDE	ARYLA		d lived. If
			f outside corporate limitarest town)	s, write	c. LENGTH OF STAY I	N 15	c. CITY OR TO	OWN (If o		prote limits,
0			AL (If not in hospital, g	OSP I	address)		d. STREET AD	DRESS		
1		NAME OF DECEASED (Type or print)	Fir		Middle		FRA	NTZ	4. DATE OF DEATH	
	5.	FEMALE	6. COLOR OR RACE WHITE	7. MAR WIDOW	RIED NEVER MARRIE	-	JULY I	1, 19	958	9. AGE (Ir lost birt
	10a	during most of work	N (Give kind of work of ing life, even if retired)	lone 10b.	KIND OF BUSINESS OF	RINDUST		YLAN		ountry)
			ILLIAM FRA				14. MOTHER'S A	ICIA		DOTER
	1S. (Ye	WAS DECEASED EVEN	R IN U. S. ARMED FOR It yes, give war or dates of si	CES? 16.	SOCIAL SECURITY NO.		FORMANT MEMORIAL	HOSE	PITAL	
	CATION	Conditions, if or gave rise to it couse (a), stating lying couse lost. PART II. OTH	the under-		CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO 1	THE TERMI	NAL DISEAS	E CONDITI
	CERTIF	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of	injury in P	art I or Par	t II of item
	MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Manth, Day, Yea	While	Not while	20e. PLAC facto	E OF INJURY (He ory, street, office I	ome, farm, bldg., etc.	20f. (City	r or town)
1		ACTUAL SIGNATURE	xuller	19	Malan			1:15		n the car
	220	BURIAL, CREMATION REMOVAL (Specify)	DR. F. B. W		22c. NAME OF CEME		0		,	TION (City,
1	23.	FUNERAL DIRECTOR'S	SSIGNATURE	0	ADDRESS,	000	SUI Q		BY REGIST	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07469

PRIENDSVILLE TAL Middle GIRL Middle FRANTZ ARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED 11. BIRTHPLACE (State or foreign country) MARYLAND 12. CITIZEN OF WHAT COUNTRY MARYLAND 14. MOTHER'S MAIDEN NAME PATRICIA L. FOSTER MEMORIAL AVENUE MEMORIAL AVENUE						
MARYLAND	o. STATE					nission)
rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corpo	prote limits, write R	URAL ond gi	ve neorest to	own)
20 HR 35 M	FRIENDS	VILLE	11	x - 2		
treet address)	d. STREET ADDRESS					
PITAL						
Y GIRL Middle	FRANTZ	OF	***			
MARRIED NEVER MARRIED NOWED DIVORCED		958	lost birthday)			1
106. KIND OF BUSINESS OR INDU			ountry)		ARRETT Ind give neorest town) e. Is RESIDENCE ON A FARM? YES NO Day Year 19 58 NO Day 200's 35 NO Day 200's 36 NO Day 200's 36 NO Day 200's 36 NO Day 200's 36 NO U.S.A. Z.E.E	
				10 - 7	-	1472
Z		L. 19	,	1.4	E E	
16. SOCIAL SECURITY NO. 17.		PITAL			AVEN	UE
Verine for (0), (b), and (c).]	ty					
ONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	'EN IN PART	PER	FORMED?
DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Par	t II of item 1B.)	861		
Od. INJURY OCCURRED 20e. PL /hile Not while fo t work at work	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	20f. (City	r or fown)	(Co	unty)	(State)
eased from JULY 11	occurred at 11:15					
Mulm	A.D. Class	ADDRESS (S	reet, city or town.	itote) INQ	2)	DATE SIGNE
TWORTH						
22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCA	TION (City, town, o	or county)	(\$1	lote)
BLOOMING	RATE	FDIE	111115011	FCA		

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this this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M*

OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. ATTENDING PHYSICIAN OR HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7507 CERTIFICATE OF DEATH

07470

00			Re	g. Dist. No	
1. PLACE OF DEATH		2. USUAL RESIDEN			
county Aldegany	MARYLAND	STATE Maryla	nd county	Allegany	ALL THE
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY		ate limits, write RURAL an		
TOWN MT. Savage	(in this place)	X TOWN Mt. S	avage		
HOSPITAL OR INSTITUTION OR		STREET	(If rural give	location)	
STREET ADDRESS		ADDKE22			
	Aiddle)	(Lest)	4. DATE (Mont	h) (Dey)	(Yeer)
(Type or Print) Margaret (G. Golds	sworthy	DEATH TI	uly 16.1	958
5. SEX 6. COLOR OR 7. SINGLE, MARRIEL RACE WIDOWED, DIVO	D, B. DATE (OF BIRTH 9	AGE lest birthdey	IF UNDER 1 YEAR	IF UNDER 24 HRS
Female White SpecifyWido		.23.1901	56 уг.	Months Deys	Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b, KIND	OF BUSINESS	11. BIRTHPLACE (State or foreig		12. CITIZEN	N OF WHAT
refired) Housewife Ho	busework	Mt. Savage.	Maryland	USA	IKTT
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	· ODA	
Theophilus Lewis		Ida Gear	v		
	SOCIAL SECURITY NO.	17. INFORMANT & A			
(Yes, no, or unk.) (If Yes, give wer or detes of service)	None	Miss Lola	a Lewis. N	It. Sava	e. Md
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE			INTE	RVAL BETWEEN ET AND DEATH
1704	/ p lo.	1-1-1-1	1 B 7		4,11
THE TO	exist a feet	other comment of	a tropa !	4	1
DISEASES OR CONDITIONS, IF ANY, (B)					/
GIVING RISE TO THE ABOVE CAUSE DUE TO					
(C)					
TO THE DEATH BUT NOT RELATED TO THE	Husy	Henrie Hen	18 Du	8	1233
DISEASE OR CONDITION CAUSING DEATH. 190, DATE OF OPERATION 196. MAJOR FINDINGS O				- 20	. 'AUTOPSY?
4-14-1-1	cinous of	left beenit	-nocerress	YES	ON D
21e, ACCIDENT WAS UNDERLYING 21b, PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, off	farm, factory,	21c. WHERE DID INJURY OCCUR	? (City or town)	(County)	(State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRED	21f. HOW DID INJURY OCCUR	3		-
While	Not while	ZII. HOW DID INJUNT OCCUR	•		
	4.1.	-2 10	7/1/ 1055		
22. I hereby certify that I attended the deceas		n 1. B	/		
alive on, 1954, and I	inai deain occurred a		ESS (Street, city, town,		e. Date Signed
MAN JUNE OTESTE	M.D. 4	of Broadway	-Froyla	a lest	7/18/15
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR		LOCATION (City, town,	of county)	(State)
REMOVAL (SPECIFY) Burial July 19.19	58 Methodi	st Cemetery	Mt. Sava	ge. Md-	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. ELNERAL DIRECTOR'S S		ADDRESS	
DATE JUL 2 1 '58 POS A		Narvey	N. Leigs	Jyndman	Da

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physician and completely smave carban papers. Po hours affer death.

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Rea. Dist. No.

			7471	CERTIFIC
M	1. PLACE OF DEATH o. COUNTY	Allegany		MARYLAND
144	L CITY OF TOWN I	autida caraccala limite un	ite I I I I I I I	THE OF STAVING

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Allegany Maryland

RURAL and give nearest lown) Cumberland	4/11/58
. NAME OF HOSPITAL (If not in hospital, give street of	oddress)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland

00011000			// /		0.00					
d. NAME OF HOSP OR INSTITUTION	Allegany				street address 704		s Lane		ON	SIDENCE A FARM? NO X
3. NAME OF DECEASED (Type or print)	John		Middle J •	Good	lost dyear	4. DATE OF DEATH	Mont Jul		Day	Yeor 19 58
5. SEX Male	6. COLOR OR RACE White	7. MARRIED N	NEVER MARRIED [DIVORCED	0	TE OF SIRTH /23/1886	5	9. AGE (In years lost birthday) 71 yrs.	Months Day		7
Retired .	ON (Give kind of work rking life, even if retired B. & O.)			Cumber:	land,	Marylan		S.	T COUNTRY?
13. FATHER'S NAME	John J. Go	oodyear		14.	Hanr	nah Hu	ıff			
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or doles of s	ervice)			egany Co		9 Addr Infirma:	"Cumbe ry Rec		
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		o), (b), and (c).]	uo	nary Th	lype	stesis		NTERVAL B	DEATH
Conditions, if a gove rise to	, ,	(Chron	ic	2240	dar	dita	,		
couse (o), stoting lying couse lost.	the under-)	bere	lera	l the	uu	rsta	94.	8	mos
PART II. OT	THER SIGNIFICANT CON	eral	16		RELATED TO THE TER	1	SE CONDITION GIV	EN IN PART 1(o	PERF	AUTOPSY ORMED?
OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	IOW INJURY OCCU	JRRED. (Ent	er nature of injury	in Port 1 or Po	rt II of item 18.)			

20c. TIME OF INJURY Day, Year

20d. INJURY OCCURRED

Not while

ADDRESS

20e. PLACE OF INJURY (Home, form, 20f. (City or town)

factory, street, office bldg., etc.)

(County) (Stote)

p		
21. I certify that I attended the	deceased from. 4/11/58 , 19 , to 7/	11/58 , 19that I last saw the deceased
alive an 7/11/58	, 19, and that death occurred at 3:00P N	A, fram the causes and an the date stated above
	- 1- (° V	RESS (Street, city or town, stote) . DATE SIGNED
ACTUAL SIGNATURE AND SALAS	1 / The Leave M.D. 49 Green	e St. 7/11/58

ACTUAL PHYSICIAN'S NAME (Type)

MEDICAL

A LUCIL M.D. Dr. James E. McLean

While

Cumberland, Md.

 -
(Stote)

22b. DATE THEREOF 220. BURIAL, CREMATION, REMOVAL (Specify) Burial 7/14/58
23. FUNERAL DIRECTOR'S SIGNATURE

Hour o. m.

22c. NAME OF CEMETERY OR CREMATORY Greenmount

22d. LOCATION (City, town, or county) Cemeterv Cumberland

Ruth E. Silcox

Cumberland, Maryland

240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE JUL 1 5 '58

moy be retained by the hospital or to FUNERAL DIRECTOR: After this ce page 3 should be detached for use as the registrar prior to burial, crematian. TO HOSPITAL OR VS A15 (4) 15M 10/S7

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If of delay is necessary please execute the certificate, writing the part of pending in pending in length 18. Give Pages 1, 2, and 3 in the funeral director. Page 4 should be farwarded to the CF. Medical Examiner's Office along with farm PM3. Page 5 may be relained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, or removal, and any event within 72 hours after death. M

2 ° 7 2 VS. A15ME 5M 2/57 0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7508 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07605

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Allegany MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATEMARYLAND b. COUNTY Allegany							
b. CITY OR TOWN (If outside corporate firmits, write RURAL ond give negret fown) Eckhart c. LENGTH OF STAY IN 16					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Eckhart						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				d. STREET ADDRES	d. STREET ADDRESS						
3. NAME OF DECEASED (Type or print)	DECEASED			GRACIE	4. DATE OF DEATH		onth	Doy 5,	Year 19 58		
5. SEX male	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 6-21-1887		9. AGE (in year lost birthday)			UNDER 24 HRS.		
retired ;	g life, even if retired)	done 10b. KIII	Tire Co.	20	yland	country)		S.A	HAT COUNTRY		
13. FATHER'S NAME				14. MOTHER'S MAIDE							
	Gracie				Elizabeth Pengilly						
15. WAS DECEASED EV	ER IN U. S. ARMED FO (If yes, give war as dates of		17-10-6637A	Mrs. Jas	Booth	, Rt.		stbu	rg, Md		
	TH [Enter only one cau TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	5	(o), (b), and (c).]	a				INTERVAL CINSET AN	O DEATH		
Conditions, if o gave rise to immediate the	diate couse	Si	licosis					-			
CATIO			NTRIBUTING TO DEATH BUT				GIVEN IN PART		ERFORMED?		
	NTRIBUTING []	O. DESCRIBE	HOW INJURY OCCURRED.	(Enter noture of injury in	Port For Fort I	f of item 18.)					
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Yea	20d. IN White of work	Not while fo	ACE OF INJURY (Home, ctory, street, office bidg.,	form, 20f. (Cit	y or fown)	(Cour	nty)	(State)		
	resulted fram: 1		mains described ab	, Suicide ,	Hamicide	Und	Inquiry etermined m	nanner	and in my		
EXAMINER'S NAME (Type)	3, SKITA	REL	10, M.D.	DEPUTY MEDIC	DICAL EXAMINER	a yu	lly 6	, 19	58		
220. BURIAL, CREMATIC REMOVAL (Specify) Burial		958	Eckhart C	emetery		ckhart			(Stote)		
23. FUNERAL DIRECTOR			ADDRESS		EC'D BY REGIS		GISTIAR'S SIG	MATURE			
J. R. Du	urst, Fros	stburg	, Md.	DATE	JUL 9	58 (8)	In eau	eh			

ST SPORTS STATE DEPARTMENT OF HEALTH STATE CHARTEST ST 17-10-46573 11-1. 1846 5000 . 111. 1300 19 Burney Company of Burney of State of St

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Pageton
may be retained by the haspital or fending physicion.
TO FUNERAL DIRECTOR: After this contracts has been signed by the attending physician and campletel Tilled in by the funeral director,
page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7472 CERTIFICATE OF DEATH

n Dist No.

		TIN						Keg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY AL	LEGANY		MARYLAND	2. USUAL RESIL		before odm				
b. CITY OR TOWN (RURAL and give n CUME		AYS	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) X LONACON I NG							
	ALMEMORIAL THE	SPITAL' AVENUES		d. STREET A	DDRESS	, BOX	6		e. IS R ON YES	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First WILLIA	M	Middle J.	GREE		4. DATE OF DEATH	Mai JU	nth ILY	Day 6	Year 19 58
s. sex MALE	WHITE	MARRIED NEV	DIVORCED [8. DATE OF BIRTI	25,		9. AGE (In years lost birthday) 73 yrs.	Months Do	YEAR IF UN	
10a, USUAL OCCUPATION during most of wor		D-MINER		TRY 11. BIRTHPLACE (State or foreign country) MARYLAND			12. CITIZEN OF WHAT COUNTR			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME						
AMOS GR					CA PO	LAND				
	R IN U. S. ARMED FORCES (If yes, give war or dates of service			MEMOR I A	L HOS	PITAL		MBERLAN	ID, MD).
Conditions, if a gave rise to i cause (a), stating lying cause last. PART II. OTI	mmediate (IONS CONTRIBUTI	NG TO DEATH BUT	ACCO TO NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	VEN IN PART 16	(a) 19. WA	S AUTOPSY FORMED?
20a. ACCIDENT WA	AS UNDERLYING 200 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW	INJURY OCCURRE	D. (Enter nature a	injury in Po	ort I or Port	11 of item 18.}		YES [
20c. TIME OF INJUR Hour o. m. p. m.		20d. INJURY OCC While Not w	hile fa	ACE OF INJURY (I clory, street, office			or fawn)	(Cou	nly)	(State)
ACTUAL SIGNATURE	at I attended the de	19.58	and that death	occurred at		M, from	the causes of ceet, city as folyon,	and on the		
220. BURIAL, CREMATIO REMOVAL (Specify) Burial		22c. NAM	E OF CEMETERY C	R CREMATORY		22d. LOCATI	ON (City, town,	or county)		ote)
23. FUNERAL DIRECTOR		ONACON J			24a. REC'D	BY REGISTR	and the August	STRAR'S SIGNA	1	

FOR STATE

HEALTH DEPT

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DEPUTY MEDICAL EXAMINER: 17bis certificate should be executed within 24 hours after death. If the delay is necessary, please execute the certificate, withing the ord "pending" in pendil in Item, 18. Give Pages 1, 2, and 31. If the funeral director. Page 4 should be forwarded to the C. Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. DEUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, or its designated agent, prior to burial, cremation, or remaval, and in execute within 72 hours after death.

5	4	4	5	
VS.				

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7509 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07473

	Neg. Uisi.	110.
1. PLACE OF DEATH O. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATEPennsylvania b. COUNTY Bedfo.	
b. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest town) Near Flintatone	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Rainsburg, (Rural)	e nedlest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
D.O.A. Memorial Hospital		1113 [] 110 []
3. NAME OF First Middle DECEASED (Type or print) Durrah W Gr:	iffin death July 5	· 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. Male White WIDOWED DIVORCED S	DATE OF BIRTH Sept. 24, 1883 9. AGE (in years lost birthday) Months Day: Months Day:	
100. USUAE OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN	OF WHAT COUNTRY
Farmer General Farming	Dunbar, Pa. U	D A
13. FATHER'S NAME Andrew H. Griffin	Nancy G. Ressler	
(Yes, no, or unknown) (If yes, give war or dates of service)	NFORMANT Address B. Durrah W. Griffin, Rainsburg	, Pa.
PART I. DEATH WAS CAUSE (e) S		30 Min.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CONTRIBUTING TO CAUSE WAS PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 20b. Describe How Injury Occurred. (E. Overturned in A. Contribution)	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0	NAS AUTOPSY NEEFORMED? YES NO
206. EXTERNAL CAUSE WAS PRIMARY O or CONTRIBUTING D CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED. (E Overturned in A	inter nature of injury in Part I or Part II of ilem 18.)	
	ory street office bldg., etc.)	eg. Md.
21. I certify that I took charge of the remains described abort opinion death resulted from: Natural causes , Accident & ACTUAL SIGNATURE Benedict Skitarelic	Suicide , Hamicide , Undetermined man	
EXAMINER'S NAME (Type) Benedict Skitarelic, M.D.	DEPUTY MEDICAL EXAMINER July 5, 19	958
270. Burial, CREMATION, 27b. DATE THEREOF 27c. NAME OF CEMETERY OR Burial July 8, 1958 Woods Method	crematory 22d. LOCATION (City. town, or county) dist Cemetery Rainsburg, Pa.	(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNAT	TUE
John J. Hafer, Cumberland, Maryland.	DATE JUL 8 '58 Cll. Leduc	h

The Manager of the Parkers RESTOR BEST AND THE CAME CONTRACTORS FOR TAN THE BUT STREET, PARTY THE PERSON AND VALUE OF . no. 14 cours with the first the course of .C.V . at fa ted little to thomas in the entered by the language of the parties of the language of the THE RESIDENCE OF THE PARTY OF T the registrar within 72 hours after death After this in by the funeral director, the third copylet this

The law requires that the death certificate by ATTENDING PHYSICIAN OF HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7495 CERTIFICATE OF DEATH

02474

1. PLACE OF DEATH		2. USUAL RESID	ENCE (HOME) OF DECE	ASED
COUNTY Allegany	MARYLAND	STATE Md.	COUNTY A	llegang
CITY (If outside corporate limits, write RURAL OR end give naerest town)	LENGTH OF STAY	CITY (If outside co	orporata limits, write RURAL end gi	ive neerest town)
TOWN Westernport	(in this place)	OR TOWN	actemment	
HOSPITAL OR		STREET	esternport (If rural give loc	cation)
INSTITUTION OR STREET ADDRESS 420 Maryland	ATTO	ADDRESS	O Maryland Av	
	iddle)	(Lest)	4. DATE (Month)	
DECEASED			OF	
(Type or Print) Joseph A		non		Ly 31,1958
5. SEX 6. COLOR OR 7. SINGLE, MARRIED WIDOWED, DIVO	RCED.		a Ma	UNDER 1 YEAR IF UNDER 24 HRS
Male White SpeciMarri	led July	7 16,1954	74 yrs. mc	onins Deys Hours Min.
	OF BUSINESS NDUSTRY	11. BIRTHPLACE (State or t	oreign country)	12. CITIZEN OF WHAT
"Funeral Director own	business	West Vir	ginia	U.S.
13. FATHER'S NAME	DADTICOD	14. MOTHER'S MAID		0.0.
John Hannon		Done A	nn Dada an	
	SOCIAL SECURITY NO.	17. INFORMANT	nn Butler	
(Yas, no, or unk.) (If Yes, give war or dates of service)	SOCIAL SECORITI NO.			
no	none		ances Hannon,	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION		ONSET AND DEATH
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	nto D satm	e Congestio		
GIVING KISE TO THE ABOVE CAUSE	HTC LUBSTA	a confearm	WI-	
STATING UNDERLYING CAUSE LAST. (C)				5
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			riosclerosis	0
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH. B11	ateral Lob	ular Pneumo	mia.	Io dys
196. DATE OF OPERATION 196. MAJOR FINDINGS O	F OPERATION			20. AUTOPSY?
149/X				YES NO
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	farm, factory, ica bldg., etc.)	21c. WHERE DID INJURY OC	CCUR? (City or town)	(County) (Stata)
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21s, II Whila M. at work	NJURY OCCURRED Mol while	21f. HOW DID INJURY O	CCUR?	
	4	0 1018	10, 21	
22. I hereby certify that I attended the decease				
alive on, 19	hat death occurred a	it	e causes and on the date	
and of the	1.4	CHI A	DRESS (Street, city, town, st	DATE SIGNED
Jacks Vill Obresty 14	M.D.	The	my wo	DA 28
REMOVAL (SPECIFY)	NAME OF CEMETERY OF		LOCATION (City, town, or	
Surval Aug.4/58	St. Peter	es Cemetery	Westernport	-Alleg-Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTO		ADDRESS
DATE 1"3 4 "58 Willheduce		(121. TIL	work IT DI	dmont. W.Va.

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be retained by the hospital ar a ding physician.	NERAL DIRECTOR: After this ce protecte has been signed by the attending physician and campletely rived in by the	e 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 s	enistron prior to buried greature or removed and in one seems within 70 house death
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MARYLAND ST	TATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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7473 CERTIFICATE OF DEATH

02475

					Keg.	DIST. NO.
1. PLACE OF DEATH o. COUNTY ATLEGAN.	4	MARYLA		(Where deceased live		dence before admission).
b. CITY OR TOWN (If outside RURAL and give nearest tow CUMBERLAND	n)	c. LENGTH OF STAY IN	0 0	(If outside corporate	limits, write RURAL on	d give neorest town)
d. NAME OF HOSPITAL (IF not OR INSTITUTION	in hospital, give street		d. STREET ADDRESS	ord St.		e. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print)	First GERTRU	Middle	Lost HEFFRON	4. DATE OF DEATH	Month JIII.Y	Doy Yeor 1st 1958
		IED NEVER MARRIED	8. DATE OF BIRTH	lo		ER I YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give pyring most of working life, of the second o	kind of work done 10b. even if retired)	Home	NOUSTRY 11. BIRTHPLACE (ST	over foreign country		U.S.A.
WILLIAM I	TEFFRON			Y ANN FARI	RELL	
1S. WAS DECEASED EVER IN U. S	ARMED FORCES? 16.	14-05-7391	17. INFORMANT	LD CHART	Address	
18. CAUSE OF DEATH [Enter PART I. DEATH WAS. IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stoling the under lying couse lost.	DUE TO	rebral vascu	lar accident ic Cardio-vasc	ular dise	ase	interval setween onset and death 2 weeks
20g. ACCIDENT WAS UNDER	LYING 20b. DESC		BUT NOT RELATED TO THE TEL	Pable 5		ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
Up the time of injury Month Hour o. m. p. m.		Not while	p. PLACE OF INJURY (Home, for factory, street, office bldg.,	arm, 20f. (City or to	own)	(County) (Stote)
21. I certify that I attalize on 7. — 1 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Ra		(B, and that de	nth occurred at 7:215 M.D. 62 Green Cumberla	M, from the ADDRESS (Street,		I last saw the deceased the date stated above DATE SIGNED 7-2-58
	DATE THEREOF	22c. MANE OF SEMETER	Y OR CREMATORY		(City, lown, or county)) m (Stote)
23. FUNERAL DIRECTOR'S SIGNAT	Sten &	ADDRESS Que, Cumb	P. M. Q DATE,	EC'D BY REGISTRAR JUL 7 '58	246. REGISTRAR'S S	SIGNATURE

THE STATE OF DEATH A Terror Transport Contract Cont the first that the property of the state of The sale continues are a second to the sale of the sal engreed to the state of the sta

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hours after death. Page

O FUNERAL DIRECTOR: After this centered has been signed by the ottending physician and campletely page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pathe registrar prior to burial, crematian, or removal, and in any event within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

may be retained by the haspital ar a

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#7476

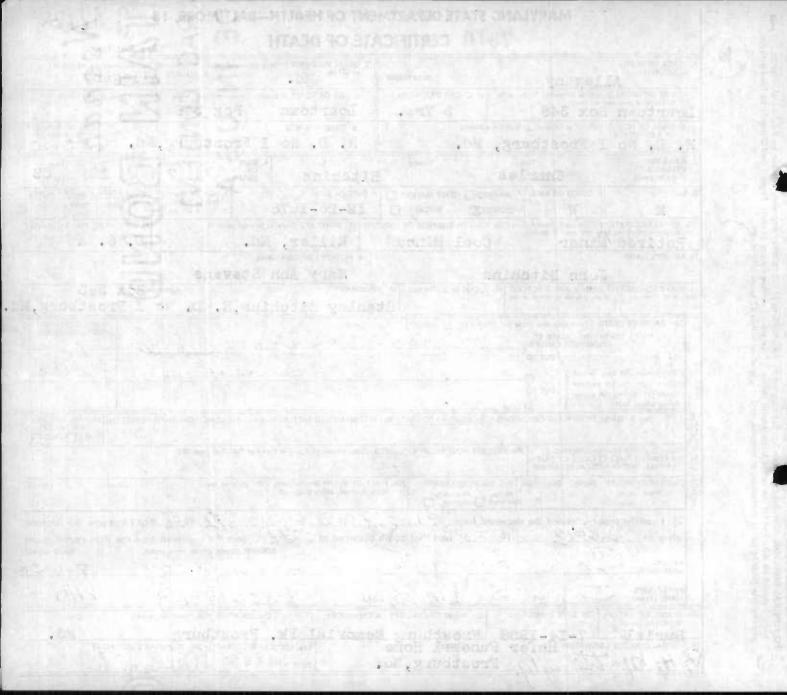
7474 CERTIFICATE OF DEATH

Rea Dist No

							wea	. 6151. 110.	
1. PLACE OF DEATH G. COUNTY	ALLEGANY		MARYLAN		USUAL RESIDENCE (VO. STATE		b. COUNTY	LLEGANY	
b. CITY OR TOWN	(If outside corporate lim negrest town) LAND	its, write c.	2 HRS.	ь	C. CITY OR TOWN (I		imits, write RURAL o	and give neares	t town)
d. NAME OF HOSP OR INSTITUTION MEMORIA		HOSPIT	al',		d. STREET ADDRESS				IS RESIDENCE ON A FARM? (ES NO
3. NAME OF DECEASED (Type or print)	Fi	LIVER	Middle F		HICKMAN	4. DATE OF DEATH	JULY	Doy 8	Year 19 58
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED			JLY 20	9. A0	GE (In years of UN Mont yrs.		UNDER 24 HRS fours Min.
Oo. USUAL OCCUPAT during most of wo	ION (Give kind of work orking life, even if retired	done 10b. KIN	ID OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (Sto		12.		WHAT COUNTR
3. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME	1000		
	WILLIAM HIC	KMAN			NAOMI PU	GH			
15. WAS DECEASED EV	/ER IN U. S. ARMED FOR (It yes, give war or dates of		11 SECURITY NO. 11	7. INFO	RMANT PEORA	Thek	Address	mt	herage,
Conditions, if gove rise to couse (o), stoting lying couse lost	g the <u>under-</u> DUE TO	Car	Lange	1	arte	Ly he	Il rol	3,	mary 1
CAT	THER SIGNIFICANT CON								WAS AUTOPSY PERFORMED? ES NO
OR CONTRIBUTING	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIB	BE HOW INJURY OCCU	RRED. (I	inter nature af injury i	n Part I or Part II of	item 18.)	,	
20c. TIME OF INJU Hour o. m. p. m.		or 20d. INJU While of work	Not while	PLACE foctory	OF INJURY (Home, fa , street, office bldg., e	erm, 20f. (City or to	own)	(County)	(State)
alive on ACTUAL SIGNATURE PHYSICIAN'S	that I attended the	12 19 L	and that de	ath oc	curred of 7:00		e causes ond a		
REMOVAL (Specify	Maly 11.		Methodi	y or ci	emelen	1 Mr L	(City, town, or coun	mos	(Stote)
23 FUNERAL DIRECTOR	S SIGNATURE	egler	Light	ma	240 RE	C'D BY REGISTRAP	246 REGISTRAR'S	SIGNATURE	

ST DEPONITION OF THE PROPERTY OF THE WEST STATE SWARMSAM THE RESTRICTED OF DEATH , 2111 Carrier Langues and not belong any ordered at AND 10 the same story to the company of the Andrews

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7511 CERTIFICATE OF DEATH

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1.	PLACE OF DEATH	legany		MARYLAND	a. STATE	Marv		d lived. If institut b. COUNTY				ion)
-	b. CITY OR TOWN (If RURAL and give ne	autside corporate limi	its, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (IF o	outside corpo	prote limits, write F	RURAL and	give ne	arest town)
	Eller			6 Yrs.	XE	ller	slie					
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	give street	address)	d. STREET A	DDRESS						PARM?
3.	NAME OF DECEASED (Type or print)	Jeron		Middle P .	Humber		4. DATE OF DEATH	Jul		27	th,	Year 58
5.	SEX	6. COLOR OR RACE	1	RIED NEVER MARRIED	B. DATE OF BIRT			9. AGE (In years	J			
	Male	White	WIDOWI	DIVORCED	Feb.14	th,1		last birthday) yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of working life, even if retired	dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (State	ar foreign c	ountry)	12. CIT	IZEN C	F WHAT	COUNTRY
	RetBla			lacksmith	Ma	rvlai	ha			US	SA	
13.	FATHER'S NAME			ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	14. MOTHER'S							
	George W	. Humber	tear		Mana	R++	a Bat	eman				
	WAS DECEASED EVER				INFORMANT	1000	u Dat	Add	ress			
(14	ns, no, or unknown) (I	It yes, give war ar dates of s	ervice)	None E	rvin Hy	mber	tson	Eckha:	rt. N	Id.		
		H WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (a), (b), and (c).]	envil	aje				INTI	SET AND	DEATH
	Canditians, if an	mediate ()	Hypertin	ine Con	dure	mend	lan Do			>	
	lying cause last.	he <u>under-</u>										
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 1	PERFO	AUTOPSY RMED?
CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature a	f injury in F	Part I or Par	t II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Haur o. m. p. m.	Month, Day, Ye	While	NJURY OCCURRED 20e, PL Not while k of work	ACE OF INJURY (I ctory, street, office	Home, form, bldg., etc.	, 20f. (City	or tawn)	(0	County)		(Stote)
		at) attended the			. 19 58			27, 195				
	alive an	edy!!	, 19_,	B.,., and that death	accurred at_			n the causes of		he da		d abav
	ACTUAL SIGNATURE	villa	12-6	James	M.D							7-58
	PHYSICIAN'S W.	illiam P.	Iar	mes, M.D.,	441 N.	Cen	tre S	St.,Cum	berla	and	, Md	•
220	BURIAL, CREMATION			22c. NAME OF CEMETERY O	R CREMATORY		22d. LOCAT	TION (City, tawn,	or county)		(State	-)
_	Burial	7-30-58	3		metery		Ecl	khart.			Md.	
	FUNERAL DIRECTOR'S		1	ADDRESS		24a. REC'E	BY REGIST	RAR 245 REGI	STRAR'S SIC	SMATU	RE	
	Joseph R.	· Durst,	F'ros	stburg, Md.		DATE ,	1131 "	59 Ull	. Lede	uch		

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HEALTH DEPT delay is necessary, please funeral director. Page e retained for your files. he State Boord of Health,

within 72 bours after death. 5 moy de re TO DEPUTY MEDICAL EXAMINER: This certificote should be executed within 24 hours after death. If a execute the certificate, writing the transfer of pending in pending in them. IB. Give Pages 1, 2, and 3 ld 4 should be farwarded to the Chia. Medical Examiner's Office along with form PM3. Page 5 may TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Tohq 2 with or its designated agent, prior to burial, cremation, ar remayal, and in any event within 72 hours a

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7496 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

•		LACE OF DEATH				2. USUAL RESIDENCE	CE (Where deceo	sed lived. If institu		before admiss	sion)
		Al l	egany		MARYLAND	Md.		b. COUNT	Alleg	env	
1	b	. CITY OR TOWN I	If outside corporate limits, writ	· RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outside cor	porote limits, write	RURAL and give	neorest tow	n)
/	U.	one give necress low	Frostburg	z	Lifetime	22Hospi	tel /	Frasthus			
	d	NAME OF HOSPI	TAL OR INSTITUTION (If not in hor	spital, give street address)	d. STREET ADDRE			7	e. IS RES	
		Miner	's Hospit	al		III	Park A	venue			NO [
		NAME OF DECEASED	Fir	st	Middle	Losi	4. DATE OF	Monl	h De	y Ye	or
	. (Type or print)	Eleanor			Jaokson	DEATH	July	10	19	58
1	5. 5	EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH		9. AGE In years lost birthday	IF UNDER TYE		Mary Control of the C
		Female	Colored	WIDOWE	D DIVORCED	April 29	1898	60 yrs.	Months Doys	Hours	Min.
	10o.	USUAL OCCUPATI	ON (Give kind of work	done 10b. I	KIND OF BUSINESS OR INDUS			country)	12. CITIZEN	OF WHAT C	OUNTRY?
	d		ng life, even if retired) ework	,	Own Home	The					
	13.	FATHER'S NAME	e MOT-W		JWIL HOME	14. MOTHER'S MAID	ourg, Md	•	U.	S. A.	
		THE TOTAL	****			14. MOTHER 3 MAID	ELA IANME				
	16	WAS DECEASED S	Unknow VER IN U. S. ARMED FO		COCIN CECUMENTO IN		es Rol				772
	Yes,	no. er unknown)	If yes, give wor or dates of		SOCIAL SECURITY NO. 17. 1	NFORMANT		Address			Md.
		No	None		M	rs. Rosa	Kellev	. TO9 Pa	rk Ave	-Fros	thus
		18. CAUSE OF DEA	ATH [Enler only one cou	use per line	for (o), (b), and (c).]			,	IN	TESVAL BETWEE	N
		PART I. DEA	TH WAS CAUSED BY:	Cor	onary Osteal	l Scleros	is. r	ight	-		.,
		420.0	DUE TO								
		Conditions, if ony, which) (b) Atherosclerotic heart disease									
		gove rise to immediate couse									
		(a), stoling the	The state of the s						24.1		
	7		J (c)		ONTRIBUTING TO DEATH BUT	NOT BELATED TO THE T	EBANNAI DISPAS	E COMPLYION CIN	(FALINI BART II	Tie was a	TO DEL
5	ğ								EN IN PARI I(0)	PERFOR	MED?
1	2	Died while under anesthetic for cataract operation YES NO							NO 🗌		
	CERTIFICATION	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) 4 CAUSE OF DEATH.									
	AL	20c. TIME OF INJU	IRY Month, Day, Yes	or 20d.	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home,	form, 20f (City	v or town)	(County)		(Stote)
	MEDICAL	Hour o. m. p. m.	19	While		tory, street, office bldg.	, etc.)		(Comy)		(Sidie)
		21. I certify t	hot I took charge	of the	remains described obc	ve, held on Aut	opsy X, I	nspection [X]	Inquiry I	, and	in my
		opinion death	resulted from:	Notural	Accident	☐. Suicide ☐	Homicide	☐ Undete	rmined mon	ner 🗆	
			2	. (_,	,		Timed mon		
		ACTUAL _	Sunder	+ X	ketarelia/	CHIEF MEDICA	AL EXAMINER			DATE SI	SHED
1		SIGNATURE	UNICECCI	XH	enareur		EDICAL EXAMINE			/	
		EXAMINER'S BE	nedict Sl	citar	elic, M.D.		CAL EXAMINER		10, 15	58	
	220	BURIAL CREMATIC	ON, 22b. DATE THEREC	OF .	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCA	TION (City, town,	or county)	(Slole)	
		REMOVAL (Specify	7-14-19	50	Drooth.ma M	lamand -1 T	17	4 %		20.0	
	23	FUNERAL DIRECTO		- 0	Frostburg M Funeral Hom	240.	REC'D BY REGIST	thurg REGIS	STRAR'S SIGNAL	URE Md	•
	5	W. My		Z ID	Main Frostb	8 163 C17	JUL 1 6 '5	8 lee	Leauch		
	-	· · · / cor	where a	3 E.	RELIGITOSED	THE MICH PAIN					

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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7497 CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	legany		MARY	YLAND	2. USUAL RESIDENCE o. STATE Md.	(Where deceas	ed lived. If in b. COI		sidence befo		sion)	
b. CITY OR TOWN RURAL ond give i	(If outside corporate limi	100	ENGTH OF STAY		c. CITY OR TOWN		porole limits, w	rite RURAL	ond give ne	earest town	1)	
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g		ife tir	me	d. STREET ADDRES		277				FARM?)
3. NAME OF DECEASED	Fir	si	Middle		Lost	4. DATE		Month	D	юу	Yeor	
(Type or print)	Clement	***	Victor		ffries	DEATI		7			1958	
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI		April 27	1912	9. AGE (In) lost birtho		ths Days	Hours	Min.	<u>S.</u>
during most of wo	ION (Give kind of work orking life, even if retired in the state of th)	355	CORL	Frostb	urg, Md		12	U. S			RY?
13. FATHER'S NAME	Pow Toffw	100			14. MOTHER'S MAID		07					
	Roy Jeffr		AL SECURITY NO). 17. IN	Grace	MICHA	e Ta	Address T		- b	. 1/63	_
No. or unknown)	None	engent	10-682	8	dl aman	+ Toff	ent or		Frost	Box		
	EATH [Enter only one co	use per line for	(o), (b), and (c),	Mrs	Clemer	r agri	ries,	R. I		TERVAL BE		=
	ATH WAS CAUSED BY:	(Van	Una pon	1001) oton	ach.	a rea	10 221	ON	ISET AND	DEATH	
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lying couse lost	g the under-											
PART II. O	THER SIGNIFICANT CON		RIBUTING TO DE	ATH BUT N	OT RELATED TO THE T	ERMINAL DISEA	ASE CONDITIO	N GIVEN IN	PART 1(o)		DRMED?	
OR CONTRIBUTING	VAS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY O	OCCURRED.	(Enter noture of injur	y in Port 1 or Po	ort II of item 11	B.)				
20c. TIME OF INJU Hour o. m. p. m.	10	While	Not while of work	20e. PLA	CE OF INJURY (Home, ory, street, office bldg	form, 20f. (Ci	ity or town)		(County)	(Stol	e)
21. I certify t	that I attended the	deceased for	rom 6-	-/_	1958 to	7-1	19	58 tho	at I last s	aw the	decea	sed
alive an	6-30	19 58	and that	death	occurred at 4	HI M. fro	m the caus					
	718	0	00		0 -		(Street, city or				ATE SIG	
ACTUAL SIGNATURE	19 C.	Due	W.	M	0 39	cur 7	mais	inal	7	7	/1/	5.
PHYSICIAN'S NAME (Type)	H.C.1) i'e	41,1	MID	, 7n	oct	ben	91	Ma	1,		
220. BURIAL, CREMATI REMOVAL (Specify Burial	7-3-195		NAME OF CEM	-		22d. 10C	ostbu	own, or cour	nty)	(Stot	_	
23. FUNERAL DIRECTO	Harer Fune	eral H	omes, Fr	ostb	urg, Md 249		STRAR Qub.	REGISTRAR	S SIGNATU	JRE		
	- (10										THE PERSON NAMED IN COLUMN 1

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7476 CERTIFICATE OF DEATH

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		44	16 CERTIFI	CAI	E OF DEA			Reg. Di	st. No.	
1. PLACE OF DEATH o. COUNTY	LLEGANY		MARYLAN	- 11	USUAL RESIDENCE O. STATE WEST	(Where decease	. b COUNTY		ce before admi	ssion)
b. CITY OR TOWN RURAL and give	(If outside corporate lim	nits, write	c. LENGTH OF STAY IN 1	lb	c. CITY OR TOWN	(If outside corpo	prote limits, write R	URAL ond	give nearest tov	vn)
CUMBER	LAND, MARYL	AND_	I DAY		RIDG	ELEY. W	VA.	85	X - 3	
d. NAME OF HOSE OR INSTITUTION	EMORIAL HOS	PPTAL	oddress)		d. STREET ADDRES	OCKER S	TREET		ON	A FARM?
3. NAME OF DECEASED (Type or print)	THOMAS	irst	Middle Hira	m	JONES	4. DATE OF DEATH	JULY 2		Day	Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARR	IED MEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years last birthday)		TYEAR IF UNE	
MALE	WHITE	WIDOWE		-	JUNE 22 1	884	74 yrs.	Months	Days Hours	Min.
during most of wo	ON (Give kind of work orking life, even if retired nattendant	d)	KIND OF BUSINESS OR IN			late or foreign of	country)	12. CIT	U S	
13. FATHER'S NAME				14	. MOTHER'S MAID	EN NAME				
THOM	AS H JONES	SR.			MARY	LITZEN	BURG			
15. WAS DECEASED EN	FR IN U. S. ARMED FO	. namural		7. INFO	RMANT		Add	ress		
No.		21	.9-03-9939	MEM	ORIAL HOS	PITAL	CUMBERL	AND. A	ARYI AN)
PART I. DE 4 20.1 Conditions, if gove rise to cause (a), stoting lying couse lost	the <u>under-</u>	Co Co	rebral vas	rt l	Disease				5 ye	ears
ICATI			ONTRIBUTING TO DEATH					EN IN PAR	PERF	ORMED?
	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCU	RRED. (Er	nter noture of injury	in Port I or Por	rt II of item 18.)			
WE OF INJU Hour o. m. p. m.	10	20d. IN While at work	Not while	PLACE (factory,	OF INJURY (Home, street, office bldg.,	form, 20f. (City	y or tawn)	(0	County)	(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Cara G. Ralph W.	19 Bar Bal	58, and that dec		62 Gi	7-27 2044 from ADDRESS (S reene S	m the causes of treet, city or town,	and on th	last saw the	
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREO 7/30/58	OF	22c. NAME OF CEMETER'S Unset Memor				TION (City. town, oberland.	or county)	(Sto	fe)
23. FUNERAL DIRECTOR II. Wayne		berla	ADDRESS nd, Md.			JUL 2 9	TRAR 245 REGIS	STRAR'S SIC	SITIATURE	

Pages 1 and 2 should be filed with 1 hours after death: Page 4 O FUNERAL DIRECTOR: After this central has been signed by the ottending physician and completely page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pathe registror prior to burial, crematian, ar removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with ding physician. may be retained by the hospital ar a VS A15 (4) 15M 10/57

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Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND legany Allegany Maryland b. CITY OR TOWN III outside carporate limits, write RURAL c. IENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg Frostburg vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 32 Beall's Lane Bealls Lane 3. NAME OF Middle 4. DATE Month Yeor DECEASED DEATH (Type or print) Kalbaugh 6 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED & 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HE 69 yrs. Months Hours 6/13/1889 Min. WIDOWED | DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Railroad Employee (Ret) 13. FATHER'S NAME MOTHER'S MAIDEN NAME John Kalbaugh Elizabeth Beveridge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ddress Frostburg, Md. 712-14-1609 Mrs. James Hanna, 32 Bealls Lane, (Sister 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Sudden Coronary Occlusion IMMEDIATE CAUSE (a) DUE TO Coronary Sclerosis Conditions, if ony, which gave rise to immediate cause DUE TO (o), sloting the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20r. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 1 20f. (City or lown) (County) (Stote) factory, street, office bldg., etc.) While Not while 0. 60 of work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection X Inquiry XI. and in my opinion deoth resulted from: Natural causes 1. Accident ... Suicide . Homicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER Benedict Skitarelic, M.D. NAME (Type) DEPUTY MEDICAL EXAMINER July 6, 1958 220. BURIAL, CREMATION. 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Frostburg Memorial Park. Frostburg Md. Burial 7-9-1958 Hafer Funeral Home FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR Main Frostburg Md

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an delay is necessary please execute the certificate, writing the dispersion of pending in pending in them 18. Give Pages 1, 2, and 3 to 1 funeral director. Page 4 should be forwarded to the Chi. Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. M

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VS. A15ME

5M 2/57

2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7477

1.	PLACE OF DEATH				2. USUAL RESIDENCE o. STATE	(Where decease	ed lived. If institu		ce before ad	mission)
_		llegany		MARYLAND	Mar	yland		All	egany	
	b. CITY OR TOWN (If and give nearest town)	outside corporate fimits, writ	* RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp	orate limits, write	RURAL ond	give nearest	lown)
	Cumbe	rland		85 yrs.	Cumberl	and				
	d. NAME OF HOSPITA	L OR INSTITUTION (If nat in hos	pital, give street address)	d. STREET ADDRESS					RESIDENCE N A FARM?
L	206 P	ark Stre	et		206 Par	k Stre	eet			□ NOX
3.	NAME OF DECEASED	Fir	st le	Middle	Lost	4. DATE	Month	1	Doy	Year
	(Type or print)	Georg	e Was	hington	Keller	DEATH	July 2	1		19 58
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 8	DATE OF BIRTH		9. AGE (In years lost birthday)	- Committee of the last of the	YEAR IF UN	-
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10	. USUAL OCCUPATIO	N (Give kind of wark	done 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sto	te or fareign co		12. CITIZ	EN OF WHA	T COUNTRY?
H	Retired	g inte, even it retired)	Tav	ern Owner	Manusta	and a			U.S.	
13	. FATHER'S NAME				Mary La				V . W .	
	Chanlas	Keller			26 77					
15	. WAS DECEASED EVE		RCES? 16.	SOCIAL SECURITY NO. 17. IF	Mary B	realT	Address			
{Ye		(If yes, give war or dates of	-	14-05 9199	Clauda c	1/-17-			2 182	
=	No	u francis		14-05-8122	Claude S.	vette	r Gumbe	erlan		
	TOTAL SECURITIONS	H [Enter only one cou H WAS CAUSED BY:	ose per line	Coronary O	noluncion				ONSET AND E	EATH
	1	IMMEDIATE CAUSE (0))	Goroffary O	SCIUSION			•	Sudd	i em
	420.1	DUE TO		0						
	Conditions, if on		1	Coronary S	crerosis					
	(a), stating the u									
	couse last.	(c))							
8	PART II. OTH			INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. WAS	AUTOPSY
13	1000000	E	macia	ation					YES [ORMED?
CERTIFICATION	20g. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	SE WAS	b. DESCRIBE	HOW INJURY OCCURRED. (E	nter noture of injury in Po	art I or Part II	of item 18.)			
	20c. TIME OF INJUR	Y Month, Doy, Yes	nr 204 i	NJURY OCCURRED 20e. PLAC	CE OF INITION (Home for			10-		15
MEDICAL	Hour o. m. p. m.	19	While		CE OF INJURY (Home, for ary, street, affice bldg., el	fc.]	or lawn)	(Coun	iry}	(State)
	21. I certify th	at I taok charge	of the r	emains described aba	ve. held on Auton	sy 🗆 In	spection [A	Inquiry	T 0	nd in my
				puses XI. Accident		Hamicide		, ,		1
1	opinion death.	esomed from:		, , , Accident	_,,	Trainicide	, Ondere	rmined m	anner	i
	ACTUAL B	und t	- 16	etarelie	CHIEF MEDICAL	EYAMINED [7]			DATE	SIGNED
	SIGNATURE	mence		yarece	ASSISTANT MEDI					
	EXAMINER'S E	Benedict	Skita	arelic, M.D.	DEPUTY MEDICAL		V T.	ly 21	, 195	8
220	BURIAL CREMATION	N. 226. DATE THEREC	OF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCAT	ION (City, lown, o	or county)	(Ste	ole)
	Burial	7/24/58	3	RoseHill Ce	meterv	Cumb	erland	Mar	wland	
23.	FUNERAL DIRECTOR"	SIGNATURE		ADDRESS	240 PE	C'D BY REGISTE	AR DAK BEGIS	TRAR'S SIGN	THE RESERVE	
	Ruth E.	Silcov	Chamb	erland. Mary	DATE DATE	JUL 2 3 '5	18 100	in ear	en	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7478 CERTIFICATE OF DEATH

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utside corporate limits, wrest tawn) and (If not in hospital, give st Heart Host First Nancy COLOR OR RACE 7. // White WID (Give kind af wark done life, even if retired) AU. S. ARMED FORCES? By ye wer or dates of service)	oital MARRIED N DOWE N 10b. KIND OF OWN ho 16. SOCIAL SI None	Middle Catheri EVER MARRIEI DIVORCED BUSINESS OR	ne D 8 R INDUST	c. CITY OR TOWN Cumberls d. STREET ADDRESS 600 Gre Loss Kimes D. DATE OF BIRTH Sept.10, 18 TRY 11. BIRTHPLACE (ST Oldtown) 14. MOTHER'S MAIDE Mirands FORMANT	(If outside corpo	Mon Ju 9. AGE (In years lost birthday) 85 yrs. Dountry)	th IF UNDER Months 12. CII	Day I YEAR Doys	IS RESON A YES IF UNDE	Year 1958 R 24 HRS.
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jank of	Woor	and that	death o	accurred at <u>8:11</u>	ADDRESS (St	the causes a reet, city or town,	nd an tl state)	ne date	e state	ed abave
22b, DATE THEREOF 7/17/58								and	(State)
		PRESS	Dat	24a. R		RAR 24b. REGIS				
	significant conditions significant conditions yelitis Inderlying (1) CAUSE OF DEATH DICAL EXAMINER) Month, Doy, Year (2) 19 I attended the decolutions of F. Doern 22b, DATE THEREOF 7/17/58 IGNATURE	SIGNIFICANT CONDITIONS CONTRIBU Yelitis INDERLYING CAUSE OF DEATH DICAL EXAMINER) Month, Doy, Year 20d. INJURY OF While Not work of	SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAL Yelitis NODERLYING CAUSE OF DEATH DICAL EXAMINER) Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work at work	SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N Yelitis NODERLYING 20b. DESCRIBE HOW INJURY OCCURRED. CAUSE OF DEATH DICAL EXAMINER) Month, Doy, Year 20d. INJURY OCCURRED 40e. PLACE While Not while 60ete 19 of work 11 me 29. I attended the deceased from	SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE VELITIS NODERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury CAUSE OF DEATH DICAL EXAMINER) Month, Day, Year 20d. INJURY OCCURRED while of work of	SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE Yelitis Notering 20b. Describe How Injury occurred. (Enter nature of injury in Part I or Part Cause of Death Dical examiner) Month, Doy, Year 20d. Injury occurred 20e. Place of Injury (Hame, farm, factory, street, office bidg., etc.) 19 19 19 19 19 19 19 1	DUE TO CC) SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV Yelitis INDERVING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH DICAL EXAMINER) Manth, Day, Year 20d. INJURY OCCURRED while of work of octory, street, affice bldg., etc.) 19	SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR Yelitis NODERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH DICAL EXAMINER) Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, foctory, street, office bidg., etc.) 19 19 19 19 19 19 19 1	SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 Yelitis NDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH DICAL EXAMINER) Month, Day, Year 20d. INJURY OCCURRED while of work o	DUE TO (c) SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFO YES VES VES

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24 hours after death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with **D FUNERAL DIRECTOR:** After this can come has been signed by the attending physician and campletely page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pethe registrar prior to burial, cremation, ar removal, and in any event within 72 hours offer death. nding physician. moy be retained by the haspital or services of the haspital or services or services of the haspital or services or

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7512 CERTIFICATE OF DEATH

Reg. Dist. NU7486

1. PLACE OF DEATH a. COUNTY	Allegany		MAR	YLAND	2. USUAL RESIDENCE o. STATE Mary		sed lived. If institut b. COUNTY			missian)
RURAL and, give	(If autside corporate lim negrest tawn) Cumberland	its, write	c. LENGTH OF STAY	(IN 1b	c. CITY OR TOWN		porate limits, write I Land	RURAL ond giv	e nearest (lawn)
d. NAME OF HOSE OR INSTITUTION 01dtown	n Road	give street	address)		d. STREET ADDRES				0	RESIDENCE N.A. FARM?
3. NAME OF DECEASED (Type or print)	Leon	na	Maud		Knippenber	d. DATE OF DEAT	T 1	oth 7	Day	Year 19 58
s. sex Female	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED DIVORCE		8. DATE OF BIRTH April 18, 1	L88 2	9. AGE (In years lost birthday)	IF UNDER 1		NDER 24 HRS. urs Min.
10a. USUAL OCCUPAT during most of wo Housewi	ION (Give kind of work trking life, even if retired fe) -	wn Home	OR INDUS	Trons 1				S. A	HAT COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDE					
John Ir				1.0		ce Dick				
	/ER IN U. S. ARMED FOR (If yes, give wor or dates of s		None		James R.	Hatfie		e, Mar	yland	
PART I. DE 420 Conditions, if)	ne for (a), (b), and (c)	oro.	wary	The	innh	zis		BETWEEN ND DEATH
gave rise to couse (o), stating lying cause last	the under- DUE TO									
PART II. O' PART II. O' O' O' O' O' O' O' O' O' O'	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TE	ERMINAL DISE	ASE CONDITION GIV	EN IN PART I	PEI	AS AUTOPSY REFORMED?
	AS UNDERLYING COME CAUSE OF DEATH OF MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED), (Enter nature of injury	in Port I or P	ort II of item IB.)			
20c. TIME OF INJU Havr a. m. p. m.	RY Manth, Day, Yes	20d, It While at warl	NJURY OCCURRED Nat while at wark	20e. PLA fac	CE OF INJURY (Home, I tory, street, affice bldg.,	form, 20f. (C etc.)	ity or tawn)	(Cou	inty)	(Stote)
alive anACTUAL SIGNATURE	hat I attended the	, 19. 5	Surre	death	occurred at 8:36	M, fro	(Street, city or lawn,	and an the	st saw the	ated above DATE SIGNED
22a. BURIAL, CREMATION REMOVAL (Specify		F	22c. NAME OF CEMP Davis Me		crematory al Cemetery		ATION (City, town, berland,			State)
23. FUNERAL DIRECTOR H. Wayne		mberl	ADDRESS Land, Md.	-312 11		EC'D BY REGI	STRAR 245 REGI	STRAR'S SIGN	ATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7513 CERTIFICATE OF DEATH Reg. Dist. No. 17487 director, PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY Allegany b. COUNTY MARYLAND Maryland Allegany uneral b. CITY OR TOWN (If outside carporate limits, write de c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give nearest town) Years Rural Rt Williams Road d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET-ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Rt Residence Rt 2 Williams Road Williams Road YES NO NAME OF 4. DATE DECEASED Louis .Tohn Laber July DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years (pety-birthdoy) Months Male White Feb WIDOWED T DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) llegany Ballists Eckhart USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician John Laber Annie Kroll move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Margaret Laber Williams Road City 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUE TO coese (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY-OCCURRED, (Enter nature of injury in Part 4 or Part 41 of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. Not while of work by 26, 1958, that I last saw the deceased 21. I certify that I attended the deceased from. and that death accurred at 7 E.M., from the causes and an the date stated above. ADDRESS (Street, city or lawn, state) ACTUAL shauld PHYSICIAN'S NAME (Type) FUNER 220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) poge Hillcrest Burial Park Cumberland 10 23. FUNERAL DIRECTOR'S ALGENATUR

Cumberland, Md.

DATE

VS A15 (4)

15M 9/5S

ME KILLINGSIT BULLINGE WITH THE WITH THE SEPTEMBER TO THE REAL PROPERTY. Marine Reserved to design the Property of the Server of th

R'S	CERTIFICA	TE OF	DEATH	Reg. Dist. N	07488
AND	2. USUAL RESIDENCE	Where deceas	ed lived. If institut b. COUNTY		
1 1b	c. CITY OR TOWN	If outside corp	porate limits, write		
	22 Frostl	מינור			
	d. STREET ADDRESS	July			e. IS RESIDENCE
4	49 E	Main	Street		YES NO
	Lost	4. DATE	Month	Do	y Yeor
an	caster	DEATH	July	23	19 58
-	DATE OF BIRTH		9. AGE In years		R IF UNDER 24 HRS.
	June 15-19	158	5 Wks	Months Days	Hours Min.
the state of the state of	Y 11. BIRTHPLACE (Stot			12. CITIZEN	OF WHAT COUNTRY?
	Frostbu	rg.Md		U.	S. A.
	14. MOTHER'S MAIDEN				n.
	Mary Jo	e Bin	nix		
17. IN	FORMANT		Address	Frost	burg, Md
T.	eon Lanca	star 4	Q E. Mo	in St.	burg, Ma
	oon Daroa			IN'	TERVAL BETWEEN
01	d hemorrhs	200		Or Or	2 hrs.
		*5			
1					
BUT NO	OT RELATED TO THE TER	MINAL DISEASI	CONDITION GIVE	EN IN PART 1(0)	19. WAS AUTOPSY
					YES NO
ED. (En	iter noture of injury in Po	ort I or Part II	of item 18.)		
PLAC	E OF INJURY (Home, for ry, street, office bldg., et	m. 20f. (City	or town)	(County)	(State)
abav	re, held an Autap	sy XI, Ir	spection XI,	Inquiry K	7, and in my
], Suicide [],				
	3, 551515			miled main	
1	M.D. CHIEF MEDICAL	EXAMINER [DATE SIGNED
	ASSISTANT MEDI	CAL EXAMINE	R		
D.	DEPUTY MEDICAL		Band	23, 1	958
-	CREMATORY		ION (City, town, o		(Stote)
.7.	a Commit				
DAP	s Cometer	N PECISI	A POLE ROIS	TRAR'S SIGNAT	UNE MICE

DATE JUL 28 '58 Kun esuch

VS. AISME 5M 2/57

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FOR STATE HEALTH DEPT

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an delay is necessory, please execute the certificate, writing the rid "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 th, funeral director. Page 4 should be forwarded to the Chi, Medical Examiner's Office along with form PM3. Page 5 may be relained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, or its designoled agent, priar to buriol, cremotian, ar removal, and in any event within 72 hours ofter death.

VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7479 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		PLACE OF DEATH	Allegany		MARYL	AND	1100000	Maryl		b. COUNT		dence bei		ission)
1	b	. CITY OR TOWN (If and give negres) town)	outside corporate limits, write RI	JRAL	c. LENGTH OF STAY IN	d lb	c. CITY OR	TOWN (IF	outside corp	orote limits, write	RURAL or	nd give n	earest to	wn)
1		Cumberla			D. O. A.		02 Cum	ber1a	nd,					
0	d	. NAME OF HOSPITA	L OR INSTITUTION (IF I	ol in hosp	oitol, give street address)		d. STREET A	DDRESS						ESIDENCE A FARM?
7		Sacred He	art Hosp.				/ 26 Sc	hille	r Terr	ace				NO M
		NAME OF DECEASED (Type or print)	Fint Frank		Middle Lawrence		lost		4. DATE OF DEATH	Moni July		Day		9 58
	5. S				DAWI CITCE		Lindne			9. AGE In years	TIFUNDE	PIVEAR		ER 24 HRS.
		Male	1 mm + 1	VIDOWED		-	April 1'			lost birthday) 65 yrs.	Months	Days	Hours	Min.
1	10o.	. USUAL OCCUPATION furing most of working Boilermal	N (Give kind of work dor g life, even if retired) KET	B.	& O. Rwy.	DUSTR	Cumb	ACE (Stote erlan	or foreign co d, Mar	yland	133.	J. S.		COUNTRY
	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
1		Lawrence	Lindner				Catl	herin	e Schr	oder				
			R IN U. S. ARMED FORCE	rice)	5-12-2368		FORMANT B. Emma	J. L	indner	Address 26 Schi	COUNT	Teri	and,	Md.
	Z	PART I. DEAT H 2 0 Conditions, if or gove rise to immed (a), staling the viceuse lost.	iote cause		Coronary Oc	lero	sis	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PA		Sudo	len
)	CERTIFICATION	20g. EXTERNAL CAU PRIMARY of CON CAUSE OF DEATH.	SE WAS 206.	DESCRIBE	HOW INJURY OCCURR	ED. (En	ler noture of in	jury in Por	t I or Part II c	of item 18.)			PERFO YES []	NO TO
	MEDICAL	20c. TIME OF INJUR Hour a, m. p. m.	Y Month, Day, Yeor	20d. It While of war	Not while		E OF INJURY (Fry, street, office			or lown)	(Ce	ounty)		(State)
		opinion death	ot I took charge of resulted from: No Developed Benedict Ski	stural c	etarelie	ent [, Suicide	EDICAL EX	Y . Indomicide AMINER . AL EXAMINER .	0	Inquiermined		DATE S	d in my
	220	BURIAL CREMATION REMOVAL (Specify) Burial	7/10/58		S. S. Pete					ion (City, town,		and	(State	•)
1.1	23.	FUNERAL DIRECTOR			ADDRESS	A 02	A GULL D	240. REC'	D BY REGISTR		STRAR'S SI		RE	
1	F	I. Wayne G	eorge Cumbe	erlan	id, Md.			DATE JI	JL 1 1 '5	18 CC	thea	uch		

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,	Mrs. and J. Tangar in Bell		,	
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TO HOSPITAL OR

VS A15 (4) 15M 10/57

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DR/ VAN ORMER Ttem 9 Film 232 8-5-58 et

CERTIFICATE OF DEATH

1. PLACE OF DE o. COUNTY	LEGANY		MARY	LAND	2. USUAL RESIDENCE (W	here deceased live	d. If institutio b. COUNTY	n: Residence b	pefore admis	sion)
RURAL ond	OWN (If outside corpor give hearest town)	ole limits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		imits, write RU	IRAL and give	nearest law	n)
	HOSPITAL (If not in ho		oddress)		d. STREET ADDRESS				ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print		First M1 LDRED	Middle MAY		MAC DONALD	4. DATE OF DEATH	JULY	h	By	Yeor 58
5. SEX FEMALE	6. COLOR OR	RACE 7. MARR	D DIVORCES	_	FEB. 11-191	7 41	GE (In years bisthday)	Months Do		ER 24 HRS. Min.
13. FATHER'S NA	ME	retired)	11.	R INDUS	MARYL 14. MOTHER'S MAIDEN	NAME	')	12. CITIZE	OF WHAT	T COUNTRY
	HOMAS BEEMA SEDEVER IN U. S. ARM (If yes, give wor or	ED FORCES? 16.	SOCIAL SECURITY NO.		IFORMANT	STEWART	Addre		CK AVE	ES.
26 Condition gove rise	s, if any, which to immediate storing the under-	D BY:	e for (a). (b). and (c).	Hering	mondo Desteti elletus	ge i Cor	na		24 A	
3	II. OTHER SIGNIFICAN INT WAS UNDERLYING JUTING CAUSE OF INOTIFY MEDICAL EXAM				NOT RELATED TO THE TERM			N IN PART 1(d	PERFC	AUTOPSY DRMED?
J	INJURY Month, Do		Not while	20e. PLA foci	CE OF INJURY IHome, form ory, street, office bldg., etc.	n, 20f. (City or to	wn)	(Coun	ly)	(Stote)
21. I cert alive an_ ACTUAL SIGNATURE PHYSICIAN'S NAME (Type		hed Vi		death	\$\frac{5\chi 19}{\text{occurred at 12:15}}\$ 1.0. Cump 12.7 \$.	My from the Adoress (Street, Conditional)	causes ar	nd on the	date state	
BUNK IS	ul /	HEREOF/	Philip	TERY OR	m-	22d. LOCATION	en	hort	(Stat	e) /.
23. FUNISHAL DIR	Beautiful 1	- We	ADDRESS	100	A MA DATE JU	D BY REGISTRAR	24b. REGIST	RAR'S SIGNA	TURE	

	,	14.5 1	\$10.00 to	
				1
	1 119.00 SEC.	V/4 (1281)		
			37 (19)	
	Est Valladia			
	SHEATER TOWN		PARTY APPEN	
TO VALUE OF THE REAL PROPERTY.	Sign of the second			

Poges 1 and 2 should be filed wit 24 hours after death. Page nding physicion. cate has been signed by the ottending physicion and complete! re burial-tronsit permit. Then people canove carbon popers. For removal, and in ony event within 72 hours ofter death. requires that the death certificate be executed page 3 should be detached for use as the burial-transit permit. the registrar prior ta buriol, cremation, or removol, and in any TO HOSPITAL OR ATTENDING PHYS may be retained by the hospital or

VS A15 (4) 1SM 9/5S 00

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7500 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	legany		MARYLAN	0 9	Md.	/here deceased	l lived. If institution b. COUNTY	Allega		issian)
b. CITY OR TOWN (RURAL and give n Westernpe	If outside corparate limeorest town)	its, write	c. LENGTH OF STAY IN T	4	esternpor		rate limits, write R	URAL and give	nearest for	wn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g 22 Church S	5 G	address)	d.	street ADDRESS 122 Chur	ch			ON	A FARM?
3. NAME OF DECEASED (Type or print)	Francis	Burke	Middle Mc	Mille	lost N	4. DATE OF DEATH	July	th 4	Day	Year 19 58
s. sex Male	6. COLOR OR RACE White	7. MARRI WIDOWE	DIVORCED		of 81RTH y 2, 1888	3	9. AGE (In years last birthday) 70 yrs.	Months Do		
100. USUAL OCCUPATION during most of work WOOD inspect	hing life away if cations) _	kind of Business or in aper Mill	NDUSTRY 11.	BIRTHPLACE (Stote	D	ountry)	12. CITIZE		AT COUNTRY
13. FATHER'S NAME				14. N	OTHER'S MAIDEN	NAME				
Robert Mo	Millen				Agnes	Aaron				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	7. INFORMA	ANT		Addi	ess		
no	(17,70.910.100.100.100.100.100.100.100.100.10	2	12-24-1268	Mrs.	Francis	McMill	en-Wester	enport.	Md'	
ICATIC	the under. DUE TO	DITIONS C	ONTRIBUTING TO DEATH	BUT NOT RE	LATED TO THE TERM			EN IN PART 1(o) 19. WA: PERF YES [ORMED?
	MEDICAL EXAMINER)	110	1 C UURY OCCURRED 20e	PIACE OF	INJURY I Home, for	m 20f (City	or town)	(Cou	ntu)	(State)
20c. TIME OF INJUI Hour o. m. p. m.	19	While at work	_ Not while		eet, affice bldg., et			1000	,,	(3/3/3/
actual signature Physician's	Paul P	decease 195	ed from July and that de	eath accur	19 <u>13</u> , ta	11100	the causes of reet, gity or lown,		date sta	
220. BURIAL, CREMATIC	DN 225 DATE THERE	DE VI	22c. NAME OF CEMETER	OR CREAT	TORY	1234 IOCA	IION (City, town, o			
REMOVAL (Specify	7/7/58		Philos Cem		RIOKI		ternport	or county)		ote)
23. FUNERAR DIRECTOR	111111		Westernport,		24s. REC	D BY REGIST		STRAR'S SIGN	ATURE	

School attended and	TO CERTIFICATE OF DEATH	
A STATE OF THE STA	Contract Con	atta
		WANTED T
e Total	man that	March 1988
	LUC S YEST PROPERTY OF STREET	
	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	
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Service Commence of the Commen		

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MARYLAND STAT	E DEPARTMENT	OF	HEALTH-BALTIMORE,	18
7501	CERTIFICATE	OF	DEATH	R

7:	01 CERTIFIC	ATE OF DEATH		Reg. Dist. No. 07492
1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary)	ere deceased lived. If institution b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	- V	utside corporate limits, write RU	RAL and give nearest town)
Frostburg	4 Weeks	X Midlo	thian	
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	r address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Miner's Hospital				YES NO-
3. NAME OF DECEASED (Type or print) Elizabe	Middle th Walker	Merrill	4. DATE Month OF DEATH July	
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.
Female White WIDOW		Nov.23rd,1	880 77 yrs.	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife 0	wn housework	Scotlan	d	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
William Walker		Agnes Spe	ir	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	Addre	38
(if yes, give wor or ourse or service)	None M	Irs. Henry A	tkinson, Mid	lothian, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost. (c)	Terioscle		ovoscula des	ease years
□ LOR CONTRIBUTING □ CAUSE OF DEATH!	SCRIBE HOW INJURY OCCURRI			N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
To (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d.		ACE OF INJURY (Home, form,		(County) (State)
Hour o. m. p. m. 19 While of wo		ctory, street, office bldg., etc.)		
21. I certify that I attended the decearative on July 27, 19. ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S NAME (Type)				that I last saw the decease ad on the dote stated abave tote) DATE SIGNE THE SIGNE
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, or	county) (Stote)
Burial 7-25-58	F'bg.Memor:		Frostburg,	Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			RAR'S SIGNATURE
Joseph R. Durst,	Frostburg, 1	Md. DATE	000	1 mile

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	and the control page of the control
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FOR STATE HEALTH DEPT.

HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: 77-3, certificate should be executed within 24 hours after death. If one deloy is necessory, please execute the certificate, writing the dispending in pending in Item, 18. Give Pages 1, 2, and 3 to forecial director. Page 4 shauld be forwarded to the Chip Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar remayal, and in any event of their death.

2 8 4 2 VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7514 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 17493

1. PLACE OF DEATH o. COUNTY Allogany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) ond give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	llegany d give nearest town)
Rural Cumberland	02 Cumberland	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Rt # 220.	740 Greene St.	YES NO
Konald Lee	nnicks of July 4	19 ⁵⁸
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 1938 9. AGE (In years lest birthday)	The second secon
ar a lunguage C	Dec. 22.1000 19 yrs. Months	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
Factory worker Bakery	Cumberland, Md. U.	S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Russell L. Minnicks	Goldie E. Smiley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. M	NFORMANT Address	
	Mr. Russell Minnicks, 740 Green	ne St. Cumb.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Asphyxiation		30 min
822X DUE TO		
Conditions, Il ony, which) (b) Aspibation of	prood	
gave rise to immediate couse (a), stating the underlying couse last. (c) Basilar skull	fracture	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTION CONT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(0) 19, WAS AUTOPSY PERFORMED? YES NO
206. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING COLUMN CONTRIBUTION COLUMN C	inter nature of injury in Part I or Part II of item 18.)	
O Hour a m While Not while I factor	CE OF INJURY (Home, form, 20f. (City or fown) (Coopers, street, office bldg., etc.) Street Rt. 220 Near Cumberl	and Aller 1
21. I certify that I took charge of the remains described abo		
opinion death resulted from: Notural causes [], Accident [* Brench
SIGNATURE Devedict Skitarelie	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) Benedict Skitarelic, M.D.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	4,1958
220. Burial, CREMATION, REMOVAL (Specify) Burial 22b. Date thereof Removal (Specify) Burial 22c. Name of CEMETERY OR Rest Lawn Memory	CREMATORY 22d. LOCATION (City, town, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	Orial Garden Cumberland, Md. [246. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	SNAVERE
Charles L. George, Cumberland, Md.	7 '58 (7) 4 . 24	

Tipy mil samplar? TO LOS TO THE PARTY OF THE PART , consumer Merson . The last selection THE ADDRESS OF THE PARTY OF THE Too State of the Annual Control A de fooid losecionsies of the foreign that the second was a second

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. with director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed Allegany b. COUNTY MARYLAND Marvland Allegany b. CITY OR TOWN (If autside corporate limits, write funerol c. LENGTH OF STAY IN 16 pe c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Cumberland 89 Vrs Cumberland d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE 00 ON A FARM? by 1 251 Henderson Avenue Henderson Avenue YES NO NO NAME OF First Middle DATE Last Month Day Yeor DECEASED (Type or print) Paul John DEATH July 19 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (in years lost birthdoy) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours WIDOWED A DIVORCED | Male papers. Whi te October 16, 1868 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) Retired construction worker U.S. corbon Maryland ofter 14. MOTHER'S MAIDEN NAME John Paul Margaret Kolb IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) No Cumherland Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stoting the underlying cause last. FICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bidg., etc.) Hour a. n. While Not while of work of work p. m. 21. I certify that I attended the deceased from that I last saw the deceased IPK from the causes and on the date stated above. alive on occurred at that debth ADDRESS (Street DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

Cumberland Marvland

Lukes Cemetery

22d. LOCATION (City, town, or county)

Cumberl

24a. REC'D BY REGISTRAR

DATE

30

(Stote)

Maryland

24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTEN MAY be retained by the MAY TO FUNERAL DIRECTOR:

220. BURIAL, CREMATION, 22b. DATE THEREOF

29

Stlcox

REMOVAL (Specify)
Burial

23. FUNERAL DIRECTOR'S SIGNATURE

Tarte page			
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	thirt edito	3.1% 26 Miles	
	spinery negrecation 748	espeva magna	one Las
	and wall that	into i	
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director,	filed with	(-
and campletely fined in by the funeral director	Pages 1 and 2 shauld be filed with		
in by	and 2		
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complet	on papers.	oth.	(
puo	LOC	4	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or of haling physician.

TO FUNERAL DIRECTOR: After this can exceed has been signed by the attending physician and completely finded in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

TO FUNERA page 3 st the registr	
VS A15 (4) ISM 9/SS	8

1. PLACE OF DEATH o. COUNTY Allegar	ny	MARYLAND	2. USUAL RESIDEN		eosed lived. If institut b. COUNTY		
b. CITY OR TOWN (If outsi	de corporate limits, w	rile c. LENGTH OF STAY IN 16	c. CITY OR TOW	'N (If outside o	corporole limits, write f	RURAL and give n	earest town)
Rueal Barton	,	82 Yrs	X Rural	Barton	1		
d. NAME OF HOSPITAL (IF OR INSTITUTION	not in hospitol, give t	street oddress)	d. STREET ADDR	ESS			e. IS RESIDENCE ON A FARM? YES NO 2
3. NAME OF DECEASED (Type or print) Joh	First 111	Middle Wesley	Porter	4. DA		nth (Doy Yeor 19 58
		MARRIED A NEVER MARRIED	8. DATE OF BIRTH	8, 10	9. AGE (In years tost birthday)		R IF UNDER 24 HRS.
Male Wh	nite wi	DOWED DIVORCED	Feb. 23,	1876	82 yrs.	Months Doys	Hours Min.
Og. USUAL OCCUPATION (G	ve kind of work done	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(Slote or fore	gn country)	12. CITIZEN	OF WHAT COUNTRY?
/ Miner	o, even in venice,	Coal Mine	Barton	ı, Md.		U.S.	A.
3. FATHER'S NAME			14. MOTHER'S MA	IDEN NAME			-
Henry Porte	er		Isabe:	lle Mil	ler		
5. WAS DECEASED EVER IN L	I. S. ARMED FORCEST		NFORMANT		Add	ress	
no	give war or colea or forvice	l l	Ars. John 1	Porter-	Barton, Md		
Conditions, if any, w gove rise to immed couse (a), stoting the urange lying couse lost. PART II. OTHER SIND OR CONTRIBUTING CO. (IF EITHER, NOTIFY MEDI-	DUE TO	Arterios elete ONS CONTRIBUTING TO DEATH BUT		TERMINAL DI	SEASE CONDITION GIV	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	USE OF DEATH	DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of inj	ury in Port I o	Port II of item 18.)		
20c. TIME OF INJURY MO Hour o. m. p. m.	v	20e. PL. While Not while twork of our of work	ACE OF INJURY (Hom ctory, street, office bld	e, farm, 20f. g., efc.)	(City or town)	(County	r) (Stote)
21. I certify that I	attended the de	ceased fram Tuly 8	, 19.58 , to	Jul.	19 , 1957	that I last	saw the deceased
alive on	TU49.	19.5% and that death	accurred at 4:3	DP.M.			
ACTUAL SIGNATURE	ul As	Wilson	M.O. 111135d	ADDRE	55 (Street, city or lown,	mant.	DATE SIGNED
PHYSICIAN'S NAME (Type)	WR.	Wilson M.	0				
REMOVAL (Specify) Burial	7/12/58	22c. NAME OF CEMETERY O	R CREMATORY		MOSCOW	or county)	(Stote)
23. FUNERAL DIRECTOR'S SIG	NATURE /	ADDRESS	24	REC'D BY RI		STRAR'S SIGNAT	Md.
ES. 130	al	Westernport,		TE JUL 1		Leavel	

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		Alexandra Maria			
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7516 CERTIFICATE OF DEATH

Reg. Dist. No.

07490

1.	PLACE OF DEATH					2. US	SUAL RESIDE	VCE (WI	here decease	d lived. If	instituti	on: Reside	nce befo	re admiss	ion)
	6. COUNTY	Allegar	ıy		MARYLAND	0.	STATE	lary	rland	b. C	OUNTY		All	egan	у
	b. CITY OR TOWN (I RURAL and give ne	f outside corporate limitorest town)	its, write	c. LENGTH OF	STAY IN 16	C.	CITY OR TO	WN (If	outside corpo	prote limits.	write R	URAL ond	give ne	arest town	1)
/	n 7 1	Savage		life	9	1X	M	it.	Sava	ge					
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	give street	address)		d	. STREET ADD								IDENCE FARM?
3.	NAME OF DECEASED (Type or print)	TERESA	rst		Middle	PITRI	losi BAUGH		4. DATE OF DEATH	.Tı	Mor	ith	Do	7	Yeor 5
S.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER			E OF BIRTH			9. AGE (III	veors	IF UNDE	RIYEAR		19 7 R 24 HRS
	female	white	WIDOWE		ORCED		3-16-1	.886		last bir	hday)	Months	Doys	Hours	Min.
10	USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSIN	IESS OR IND	USTRY 1	1. BIRTHPLAC	E (State	or foreign c	ountry)		12. CI	TIZEN C	F WHAT	COUNTRY
	housewor	ing me, even it refired	,		nome			vla	-				TT	S.A.	
13.	FATHER'S NAME	Ο		OWII I	TOME	14.	MOTHER'S MA	1	C 00 -0 -0				U e	D.A.	•
	Datrick	Collins							beth	Lowr	non:	+			
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURI	TY NO. 17.	INFORM	LANT	1,40	ine mi	Lem	Add				
Į¥.	es, no or unknown)	It yes, give wor or dates of s	ervice]	2-10-9				ırba	augh,	, Mt.		avag	e,	Md.	
Z	PART I. DEA 443 X Conditions, if or gave rise to in cause (a), stoting the lying cause last.	nmediate (, ac	expert breby	for A	leder tem	f Hear	A.	Jai Deson		·lk	Part of	ON		DEATH
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)										9, 11, 17,		PERFO	RMED?
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.		While	JURY OCCURRE Nat while	D 20e. P	LACE OF	INJURY (Horreet, office bl	ne, form	n, 20f_(City	or town)			County)		(State)
	21. I certify the alive on	of I attended the	12	the tri	that deat		19. <u>5-7</u> rred at <u>3</u>	Br		n the carried, city o	uses o	and an t		te state	
220	BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF	CEMETERY (22d. LOCAT	TION (City,	town, o	or county)		(State	e)
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	LITC	S.C	emete		D BY REGIST		NA.	TRAR'S SI	MIC.	DE .	
	J. R. D	urst. F	rost	burg.	Md.					158	Pos	3 31	SINATU	1	
-		7 -			- 2 6		0,	A	UU J	JU	A K.K.	1 2 1	1111	4	

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hours ofter death. Page 4

ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed with

ate has been signed by the attending physician and completely

Then please remove corbon papers.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

TEON CERTIFICATE OF DEATH

07497

1			C.C. CLICA	CAIL OF BEAT		Reg. Dist.	No.
1	o. COUNTY	Allegany	MARYLAN	O STATE	there deceased lived. If institution b. COUN		
	RURAL and give ne	outside corporate limits, write arest town)	c. LENGTH OF STAY IN 1	b c. CITY OR TOWN (IF	outside corporote limits, write Cumberla		nearest town)
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give street 1137 Braddoc		d. STREET ADDRESS	Braddock R	oad	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	First John	Middle Van	Rafter	4. DATE OF JULY	Nonth 7 24	Day Year 1958
1	Male Male	6. COLOR OR RACE 7. MARR WIDOW	IED NEVER MARRIED DIVORCED		902 9. AGE (In year lost burthday 56 y	Months Do	EAR IF UNDER 24 HRS
1	0a. USUAL OCCUPATIO during most of work Inspect	N (Give kind of work done 10b. ing life, even if retired)	kind of Business or in ate Roads (N OF WHAT COUNTE
1	3. FATHER'S NAME ROY	O. Rafter		14. MOTHER'S MAIDEN Marg	aret Grimm		
		R IN U. S. ARMED FORCES? 16. 19 19 19 2		7. INFORMANT Mrs. Doris R		erland	, Md.
		nmediate (leart Disease			INTERVAL BETWEEN ONSET AND DEATH 4 years
	PART II. OTH PART II. OTH 20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY /	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	NINAL DISEASE CONDITION	GIVEN IN PART 1(PERFORMED?
		CAUSE OF DEATH	CRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in	Port I or Port II of item 1B.)		
	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year 20d. If White of wor	_ Not while_	PLACE OF INJURY (Home, farm foctory, street, office bldg., etc		(Cou	nty) (State
	alive on 7	Ralph W. Ball	ee	27, 19.55, to 7 ath occurred at 10:3 62 Gree Cumberl	ADDRESS (Street, city or tow	and on the	t saw the decease date stated above DATE SIGN 7-25-58
The state of the s	20. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREOF July26/58	22c. NAME OF CEMETER Rafter Cen		22d. LOCATION (City, town Kitzmiller		(Stote)

240. REC'D BY REGISTRAR

JUL 2 8 '58

Md.

246. REGISTRAR'S SIGNATURE

ADDRESS

Cumberland,

page 3 should be detached for use of the burial-transit permit. Then please remove the registrar prior to burial, cremation, or remaval, and in any event within 72 hours may be retained by the haspital or a TO FUNERAL DIRECTOR: After this cell TO HOSPITAL OR VS A1S (4) 15M 9/S5

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haurs after death. Page 4

in by the funeral director, and 2 should be filed with

Pages 1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

TROT CEDTICICATE OF DEATH

07498

			45	EGO CERTI	rica i	E OF DEAT	П		Reg. Dist.	No.	
0.	ACE OF DEATH COUNTY ALLEGAN	•		MARYI		USUAL RESIDENCE (WO. STATE WEST VIRGI		b. COUNTY		before o	
b.	CITY OR TOWN (If RURAL and give ned	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		limits, write RU	RAL ond giv	e nearest	town)
	CUMBERLAN	0		2 DAYS		PATTERSON	CREEK	8	5 x 1	3	
	OR INSTITUTION	WAR SPITAL - ME	WICK	AND		d. STREET ADDRESS				(S RESIDENCE ON A FARM? ES NO
3. N/	AME OF	Fir	st	Middle		Lost	4. DATE OF	Monti	h	Day	Yeor
	ype or print)	DEN	NIS	L.		READD	DEATH	JULY	'	21	1958
. SE	X	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	D 8. [ATE OF BIRTH	9.	AGE (In years lost bythdoy)			UNDER 24 HRS
M	ALE	WHITE	WIDOW	ED DIVORCED		APRIL 14	,1924	34 yrs.	Months D	oys H	ours Min.
)o. l	USUAL OCCUPATION	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDUSTRY	11. BIRTHPLACE (Stot	e or foreign count	try)	12. CITIZE	N OF W	VHAT COUNTS
		0. R. R.	T	ELEGRAPHER		WEST V	IRGINIA		U. S	. A	L La Maria
), FA	ATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
	DENNI:	READD				LULUA CO	LLINS				
5. W Yes, r	AS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO			Addre	55		
	YES	WW II			MEMO	DRIAL HOSP	ITAL	CUMBER	LAND.	MARY	YLAND
- 1	8. CAUSE OF DEAT	H [Enter only one co	use per li	ne for (o), (b), and (c).]						INTERV	AL BETWEEN
		H WAS CAUSED BY:	1	Coronary	Occl	usion				ONSET	AND DEATH
	420.1	DUE TO									-
	Conditions, if on		1	Coronary	7 Hea	rt Diseas	se		-	1	week
	gove rise to im couse (o), stating the	mediate (HEMILE				
	lying couse lost.) (c)	none							
CATION	PART II. OTHE	R SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERA	AINAL DISEASE CO	ONDITION GIVE	N IN PART I	(o) 19. V	WAS AUTOPSY
		none									S NO
2000	On ACCIDENT WAS DR CONTRIBUTING I IF EITHER, NOTIFY A	UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	none	CURRED. (I	inter nature of injury in	Port I or Part II	of item 18.)			
MEDICAL	Oc. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	20d. It While of wor	Not while	20e. PLACE foctory	OF INJURY (Home, for , street, office bldg., et	m, 20f. (City or	town)	(Cou	inty)	(Stote
2	1. I certify the	it I attended the	deceas	ed from July	19,	1958 toJu	ly 21.	10 58	that I las	A	the deceas
	live on Jul	у 21,	19.5	8	doub as	0	OPM, from the				
1	\cap		5/	, and man	dedin do	corred of	ADDRESS (Street			date :	DATE SIGN
A	CTUAL CES	ment,	Nac	lenan my	Y MD	140 Bed	lford S			Ш.	7/22/1
L					M.D						17.007.4
N	HYSICIÁN'S IAME (Type)	DR. JAMES		INAN		Cumberl	and, M	arylan	d		
20. E	BURIAL, CREMATION	, 22b. DATE THEREC	F	22c. NAME OF CEME	TERY OR CI	REMATORY	22d. LOCATION	V (City, town, or	county)		(Stote)
	BURIAL	JULY 2	4, 19	58 FORT	ASHE	Y CEMETERY	FORT	ASHBY.	W VA		
23. FL	INERAL DIRECTOR'S	SIGNATURE		ADDRESS		240. REC	D BY REGISTRAR	246 REGIST	RAR'S SIGN	ATURE	

JOHN J. HAFER, CUMBERLAND, MARYLAND

may be retained by the haspital or of ding physician.

TO FUNERAL DIRECTOR: After this can die has been signed by the attending physician and campletely page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pathe registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

17/199

		74	84 CERTIF	ICATE OF	DEATH			Reg. Dist. N		200
1. PLACE OF DEATH o. COUNTY ALI	EGANY		MARYL	II O. STAIF	MARYLA	ere deceased live	d. If institutio b. COUNTY	n: Residence be		ision)
b. CITY OR TOWN (IF RURAL ond give ne CUM	BERLAND		c. LENGTH OF STAY IN	N 1b c. CITY OF	CUMBER	utside corporate LAND	limits, write RU	RAL ond give	nearest fow	rn)
d. NAME OF HOSPITA OR INSTITUTION WARWICK	MEMORYAL & MEMORIA			d. STREET	ADDRESS	WELL AVE	• •		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)		HEL	Middle MARY		OS1 CE	4. DATE OF DEATH	Mont	h	Day 30	Yeor 19 58
s. sex FEMALE	6. COLOR OR RACE WHITE	WIDOWE	tum.i	APRIL	26,	1923	st birthdoy) 353 yrs.	Months Doy		1
Former Secr	ng life, even if refired	done 10b. K			RYLAND	or foreign country	1	12. CITIZEN	S. A.	
	HARTUNG			The second second	IN STO					
IS. WAS DECEASED EVER (Yes, no. or unknown) NO	IN U. S. ARMED FOR f yes, give war or dates of	iervice)	0CIAL SECURITY NO. 6-14-1855	17. INFORMANT MEMORIA	L HOSP	ITAL -	CUMB	ERLAND,	MD.	
	H WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO y. which Immediate))	e for (o), (b), and (c).]	sakerma.	_ /4.4	tusdad	(0	0	NET AND	DEATH
PART II. OTH	ER SIGNIFICANT CON	IDITIONS CO	ONTRIBUTING TO DEAT					N IN PART 1(o)	19. WAS PERFO YES	ORMED?
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	ar 20d. IN. While of work	Not while	Oe. PLACE OF INJURY foctory, street, offi	(Home, form, ice bldg., etc.)	20f. (City or to	own)	(Count	у)	(Stote)
actual signature	of attended the	., 19 <u>.5</u>	cyly the	e h., 193 death accurred a		PM, from the	e causes ar		late stat	decease ed abov
220. BURIAL, CREMATION REMOVAL (Specify) BUT1al)F	22c. NAME OF CEMET	ery or crematory		22d. LOCATION		county)	(Sto	te)
23. FUNERAL DIRECTOR'S Charles L.	George,	Cumbe	ADDRESS rland, Md.			BY REGISTRAR		RAR'S SIGNAT		

OF THOMPSHE PETANNERS TO THE WATER OF THE CHANTEN . . . HIAMOTO STATISMED POR THE SHALLS WARE STORY

VS A15 (4) 15M 10/57

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ARYLAND STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	1
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TAGE CERTIFICATE OF DEATH

		4 7 0 U							ist. No.	
ALLEGANY			MARY		MARYLA		lived. If instit b. COUN	TY	nce before o	odmission)
CUMBERLA	NU		ENGTH OF STAY I	IN 16 c.	CUMBERLA		ote limits, write	RURAL and	give neares	town)
d. NAME OF HOSPI OR INSTITUTION MEMORIAL HO	TAL (If not in hospitot WAR SPITAL-MEM	WICK AND	j' VES.	/ d.	STREET ADDRESS	STREET			(S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)		ABY	Middle BOY	R	OBERTSON	4. DATE OF DEATH	N	JULY	Day 22	Yeor 19 5 8
S. SEX	6. COLOR OR RACE	WIDOWED [DIVORCED	J		958	P. AGE (In year last birthday) Manths		OURS Min.
Oa. USUAL OCCUPATION during most of wor 3. FATHER'S NAME	ON (Give kind of work king life, even if retired	done 10b. KIND	OF BUSINESS OF		CUMBERLAI	ND, MAR			S. A	VHAT COUN
y, Tallier J Hame	CARL LEE	ROBERTS	ON	14.	JOAN AL		EWIS			
5. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOI (If yes, give wor or dotes of	SCES? 16. SOCIA	AL SECURITY NO.	17. INFORM			A	ddress IBERLAI	ND. MD	
Conditions, if a gave rise to i cause (a), stating lying cause last. PART II. OTI	the under-	c)	RIBUTING TO DEA	TH BUT NOT RE	ELATED TO THE TERM	IINAL DISEASE	CONDITION	GIVEN IN PAR		
7									P	ERFORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)				r nature of injury in		II of item 18.)		P	WAS AUTOPS PERFORMED? SS NO [
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OC	CURRED. (Enter		Port I or Part			P	ERFORMED?
20c. TIME OF INJUR Hour o. m. p. m. 21. I certify the alive an	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Ye 19 That I attended the	20b. DESCRIBE For 20d. INJURY While of work	OCCURRED Not while of work	CURRED. (Enter	INJURY IHome, formeet, office bldg., etc	Port I or Part	or town)	8,,that I and on t	County)	(State
20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th alive an	AS UNDERLYING CONTROL CAN CONTROL CONT	20b. DESCRIBE or 20d. INJURY While of work 0 e deceased fr 19-56 RANSOM	OCCURRED Not while of work	20e. PLACE OF factory, shi	INJURY IHome, form reet, office bldg., etc. 1958, to	Port I or Part Description of the Part Descr	or town) 19-	that I and on to, stote)	County)	the decea
20c. TIME OF INJUR Hour o. m. p. m. 21. I certify the olive on	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Ye and I attended the Control Co	20b. DESCRIBE 20d. INJURY While of work deceased fr 1958 RANSOM DF 1958 1958	OCCURRED Not white of work 7, and that	20e. PLACE OF factory, shi	INJURY IHome, form reet, office bldg., etc	Port I or Part Description of the Part Descr	the causes seet, city or low	that I and on to, stote)	County) last saw the date should be date should be date should be date should be determined by the should be dete	(State decea

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MA	KILAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	10	0750
1486	MEDICAL EXAMINER'S CERTIFICATE OF DEATH		0130
200		Reg. Dist.	No.

					-				405	, Dist. 144		
1. PLACE OF DEATH a. COUNTY	Allegany	V		MARYLAND	2. USUAL RE		here decease	sed lived. If in	INTY .			ission)
b. CITY OR TOWN (If a		-	c. LENGTH	OF STAY IN 16	c. CITY O		4	d porate limits, w		lleg		wn)
and give nearest lown)			46	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1-1							,
d. NAME OF HOSPITA		(If pot in ho		reat address)	d. STREET	nberl	and				Le IS R	ESIDENCE
					11/				-		ON	A FARM?
3. NAME OF	ore avenu		YMCA			ltimo			YMC	A		NO KO
DECEASED (Type or print)	Whyllis		Roy		obossi		4. DATE OF DEATH	_	anth 11y	28		9 58
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVE	R MARRIED 1 8	. DATE OF BIRT	TH		9. AGE (In year	-	DER TYEAR	-	-
Male	White	WIDOWE	D 0	DIVORCED [July :	1,191	7		/rs. Mant	hs Days	Hours	Min.
13. FATHER'S NAME	n (Give kind of work life, even if retired) an at spo Robosson		shop.	INESS OK INDUST	Ma 14. MOTHER'S	aryla	nd IAME		112.	CITIZEN O	F WHAT	COUNTRY
15. WAS DECEASED EVE		PCES2 14	SOCIAL SECT	LIBITY NO. 17 8	NFORMANT	ma n	ODTITO					
	If yes, give war or dales of	service)		-4273 M				Add				
Conditions, if on gove rise to immedi (o), stating the uncause last. PART II, OTHI 20a. EXTERNAL CAULE PRIMARY or CON CAUSE OF DEATH.	ate couse and et ying DUE TO (c) R SIGNIFICANT CON SE WAS TRIBUTING 20) IDITIONS CO	ONTRIBUTING	RY OCCURRED. (E	NOT RELATED TO	O THE TERMI	NAL DISEAS	of item 18.)			9. WAS PERFO	AUTOPSY PRMED? NO PA
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	While	ork at we	while facts	CE OF INJURY ory, street, affic	(Home, farm, e bldg., etc.)	20f. (City	or town)		(County)		(State)
21. I certify the	ot I took charge	e of the	remoins d	escribed obo	ve, held or	n Autopsy	, D. 11	nspection [引, Inc	quiry 2	, on	d in my
opinion deoth r	esulted from: 1	Notural	causes []	Accident [_M.D. CHIEF	MEDICAL EX	AMINER [etermine	ed monne	DATE S	SIGNED
EXAMINER'S B	enedict	Skita	arelic	, M.D.		ANT MEDICAL		V T.	ly 3	1, 1	958	
220. BURIAL, CREMATION REMOVAL (Specify) Burtal 23. FUNERAL DIRECTOR'S	Aug 1	DF 1958	22c, NAME	of CEMETERY OR	CREMATORY	Park	-	TION (City, 10w		Mar Mar	(State	o)

TO DEPUTY MEDICAL EXAMINER: 74:s certificate should be executed within 24 haurs after death. If our delay is necessory, please execute the certificate, writing the dispending in pending in Item, 18. Give Pages 1, 2, and 3 to forest director. Page 4 shauld be forwarded to the Chis, medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to buriol, cremation, ar removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

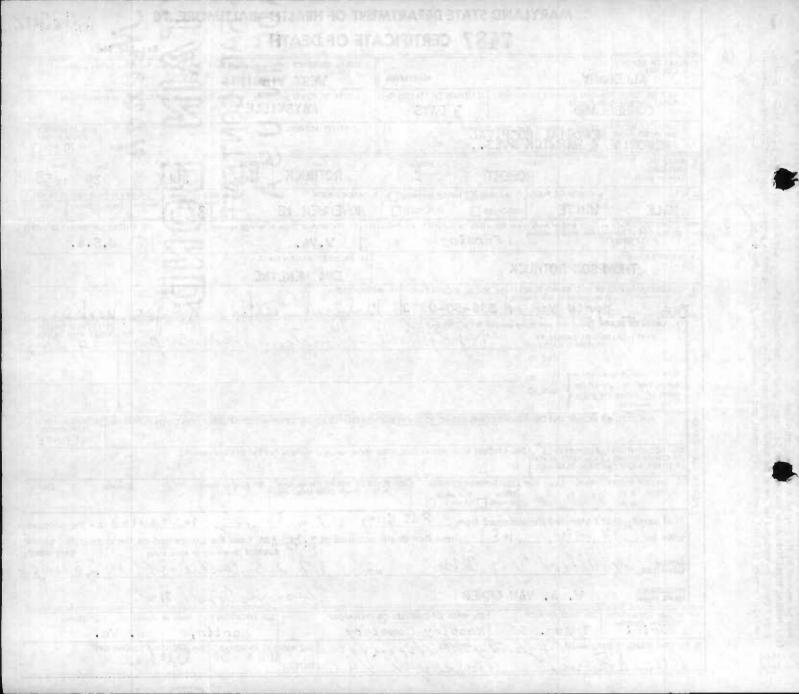
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7487 CERTIFICATE OF DEATH

Reg.	D:-	A B.	
ROO.	LITTS	T. D	86

		. 20					•		Reg. Dis	it. No.	
1. PLACE OF DEATH o. COUNTY ALLEGA	ANY		MAS	YLAND	o. STATE			L COUNTY		ce before adn	nission)
b. CITY OR TOWN (If a RURAL and give near CUMBERI	ALLEGANY MARYLAND OR TOWN (If outlide corporate limits, write C. EIRSTH OF STAY IN 16 OR TOWN (If outlide corporate limits, write C. CITY OR TOWN (If outlide corporate limits, write C. CITY OR TOWN (If outlide corporate limits, write RURAL and give necrest flown) MAYSVILLE OR AMYSVILLE OR AMYSVILLE OR HOSPITA WAS OR IN PART (IN AVES.) OR AMYSVILLE OR HOSPITA WAS OR IN PART (IN AVES.) OR AMYSVILLE OR HOSPITA WAS OR IN PART (IN AVES.) OR AMYSVILLE OR HOSPITA WAS OR IN AMYSVILLE OR HOSPITA W	own) /									
d. NAME OF HOSPITAL OR INSTITUTION MEMORIAL	TO DEATH DUNTY ALLEGANY TY OR TOWN (If outside corporate limits, write RAL and sive nearest town) CUMBERLAND 3 DAYS AME OF HOSPITAL II may in hospital, give liver, address) RINSTITUTION ME MORIAL & WARWICK AVES. ROBERT C 6. COLOR OR RACE WHITE WIDOWED DIVORCED JAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Farming IER'S NAME THOMPSON ROTRUCK DECEASED EVER IN U. S. ARMED FORCES? If yes, give war or date of service; WORLD WAR 11 236-50-0393 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ACCIDENT WAS UNDERLYING DUE TO ACCIDENT WAS UNDERLYING COUNTRIBUTING CAUSE OF DEATH HOUR O. m. 19 ACCIDENT WAS UNDERLYING COUNTRIBUTING TO DEATH HOUR O. m. 19 ACCIDENT WAS UNDERLYING COUNTRIBUTING TO DEATH HOUR O. m. 19 ACCIDENT WAS UNDERLYING COUNTRIBUTING TO DEATH HOUR O. m. 19 ACCIDENT WAS UNDERLYING COUNTRIBUTING TO DEATH HOUR O. m. 19 ACCIDENT WAS UNDERLYING COUNTRIBUTING TO DEATH HOUR O. m. 19 ACCIDENT WAS UNDERLYING COUNTRIBUTING TO DEATH HOUR O. m. 19 ACCIDENT WAS UNDERLYING COUNTRIBUTING TO DEATH HOUR O. m. 19 ACCIDENT WAS UNDERLYING COUNTRIBUTING TO DEATH HOUR O. m. 19 ACCIDENT WAS UNDERLYING COUNTRIBUTING TO DEATH HOUR O. m. 19 ACCIDENT WAS UNDERLYING COUNTRIBUTING TO DEATH HOUR O. m. 19 ACCIDENT WAS UNDERLYING COUNTRIBUTING TO DEATH HOUR O. m. 19 ACCIDENT WAS UNDERLYING COUNTRIBUTING TO DEATH HOUR O. m. 19 ACCIDENT WAS UNDERLYING COUNTRIBUTING TO DEATH HOUR O. m. 19 ACCIDENT WAS UNDERLYING COUNTRIBUTING TO DEATH HOUR O. m. 19 ACCIDENT WAS UNDERLYING COUNTRIBUTING TO DEATH HOUR O. m. 19 ACCIDENT WAS UNDERLYING COUNTRIBUTING TO DEATH AND COUNTRIBUTING TO DEATH AND COUNTRIBUTING COUNTRIBUTING TO DEATH AND CO		d. STREET	ADDRESS				ON	A FARM?		
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during Most of working	I (Give kind of work don ig life, even if retired)			OR INDUS			or foreign co	untry)	12. CIT		
3. FATHER'S NAME THOMF	PSON ROTRUC	K		MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY C. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) MAYSVILLE d. STREET ADDRESS d. IS RESIDENCE ON A FARW? PART JULY 29 19 58 ER MARRIED DOY YEOR DEATH JULY 29 19 58 ER MARRIED NOVEMBER 12 SINESS OR INDUSTRY NOVEMBER 12 SINESS OR INDUSTRY W.VA. 11. BIRTHPLACE (State or foreign country) W.VA. 12. CITIZEN OF WHAT COUNTRY? W.VA. 13. MOTHER'S MAIDEN NAME EVA HENLINE Address CONSET AND DEATH SONSET AND DEATH ONSET AND DEATH SINESY OR CREMED? YES OND DEATH SINESY OR CREMED? YES OND DEATH SINESY OR CREMED? YES OND DEATH SINESY OR CREMETERY OR CREMATORY 120. (City or town) COUNTY (County) (State) OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)							
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3									'EN IN PART	PER	FORMED?
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21. I certify that alive on 30	I attended the de	eceased 19 <u></u> \$		t death	accurred at		AM, fram	the causes a	nd an th	ne date sta	ated abov
SIGNATURE W	alfred 1	10n	Olm	M	I.D	22	S. C	I lived. If institution: Residence before admission, b. COUNTY A b. COUNTY Pole limits, write RURAL and give nearest town) Cond Cond	July 5		
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hours after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

ate has been signed by the attending physician and campletely

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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240. REC'D BY REGISTRAR

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b. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest town) Cumberland d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 3. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 3. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 3. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 3. NAME OF First ADAM SIEBERT 4. DATE OF DEATH Jul S. SEX OR COLOR OR RACE White Whowed DIVORCED Peb. 8. 1876 8. DATE OF BIRTH P. AG WIDOWED DIVORCED Peb. 8. 1876 Retired Bank Employee Liberty Trust North Branch, Mar 13. FATHER'S NAME Adam Siebert Siebert Or JASST. Sec. 14. TREES MAIDEN NAME Adam Adam Siebert Is. WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, oger unknown If yes, yew wor or dote of service) DUE TO Conditions, if any, which gove rise to immediate coute (o), storing the under-lying couse lost. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTING TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO THE TERMINAL DISEASE CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO Fort II of it or CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO THE TERMINAL DISEASE CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO THE TERMINAL DISEASE CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO FORT II of it or CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO THE TERMINAL DISEASE CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO FORT II of it or CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO THE TERMINAL DISEASE CONTRIBUTING TO CONT		Reg. Dist.	No.					
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200. ACCIDENT WAS U OR CONTRIBUTING [] (IF EITHER, NOTIFY ME	NDERLYING CAUSE OF DEATH DICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Po	rt II of item 18.)			
Hour o. m.	While	Not while fo	LACE OF INJURY (Home, formactory, street, office bldg., etc	n, 20f. (Cit	y or tawn)	(Cou	nty)	(Stote)
21. I certify that	I attended the decease		190/10	nely	4 , 195	that I las	t saw the	decease
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	evi of ner	, 1			itreet, city or tawn,	stote)		
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22c. NAME OF CEMETERY OR CREMATORY

Cumberland, Maryland

Greenmount Cemetery

may be retained by the haspital art. Iding physician.

TO FUNERAL DIRECTOR: After this certain has been signed by the attending physician are page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbother registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after TO HOSPITAL OR

VS A15 (4) 1SM 10/57

NAME (Type)

Burial

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

Burial July
23. FUNERAL DIRECTOR'S SIGNATURE

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VS A15 (4) 15M 10/57

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7489 CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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3. NAME OF DECEASED (Type or print)					Lost	4. DATE	Mon			Year
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13. FATHER'S NAME				1.	MOTHER'S MAIDEN	NAME				
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(Yes, no. or unknown)			OCIAL SECURITY NO.	17, INFO	RMANT					
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	G CAUSE OF DEATH	206. DESCI	RIBE HOW INJURY OCCU	URRED. (E	nter nature of injury in	Port I or Por	t II of item 18.)			
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220. BURIAL, CREMATIC REMOVAL Specify BURIAL	7-30-58				_	_			(Sto	ite)
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Reg. Dist. No. 07505

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	21. I certify th	at I attended the	deceos	ed fram Cel	20	19.58	, to 7	1/2-	2 . 195	S, that I	last saw	the deceased
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **7503** CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Allegany b. COUNTY Allegany Waryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give negrest tawn) Moscow Frostburg d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES TO TO Miners Hospita 3. NAME OF First Middle 4. DATE Month Day DECEASED July 26th, 1958 (Type or print) Timnev DEATH Ronnie Wayne IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Hours WIDOWED [7] DIVORCED T Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Frostburg, None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ruth E. Gentry Timnev John physici IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address John A. Timney, Moscow. NC 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 0 PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO caese (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) a. m. While Not while at work of work 21. I certify that I attended the deceased fram and that death accurred at LL_OV L.M., fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL prior D PHYSICIAN'S NAME (Type) nay be FUNER/ 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (State) REMOVAL (Specify) 1958 Laurel Cemeterv Moscow. MD. Buria 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE LONACON ING,

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VS A15 (4) 15M 9/55

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1.	PLACE OF DEATH		1.200		2. USUAL RESIDENCE (WH	are deceased lived		Reg. Dist. No	
	O. COUNTY	NIV		MARYLAND	O. SIAIE	b	. COUNTY		
	b. CITY OR TOWN	(If outside corporate lim	its, write c. LENGTH	OF STAY IN 1b	c. CITY OR TOWN (IF o	utside corporate lim		ALLEGAN	
	RURAL ond give n	neorest town)	SUDC	22MINS			,	The one give in	diesi lowing
	d. NAME OF HOSPI	TAL (If not in hospital,	WICK AND	- CENTINO	d. STREET ADDRESS				e. IS RESIDEN
N		OSPITAL-MEN			226 N. ME	CHANIC ST	REET		ON A FAR
-	NAME OF DECEASED		rst	Middle	Lost	4. DATE	Month	D	ay Yeor
	(Type or print)	BA	BY	BOY	VOILS	OF DEATH	JULY		9 19
5.	SEX	6. COLOR OR RACE		ER MARRIED X	B. DATE OF BIRTH	9. AGE		FUNDER TYEA	R IF UNDER 24
-	ALE	WHITE	WIDOWED [DIVORCED	,,,,	170	birthdoy) yrs.	Months Doys	Hours A
10	a. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired	done 10b. KIND OF BU	SINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign country)		12. CITIZEN	OF WHAT CO
					CUMBERLAN	ND. MARYL	AND	U. S	. A.
13.	. FATHER'S NAME				14. MOTHER'S MAIDEN N				
		LEN VOILS			RITA A	. WIGGER			
15. [Ye	(es. no. or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s	RCES? 16. SOCIAL SECT	URITY NO. 17. I	NFORMANT		Addres	\$	
				M	EMORIAL HOSPIT	TAL	CUMBER	LAND, M	ARYLAN
	761.5	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c		I. Ou	L-0. 7	gunten	Noce	nta on	SET AND DE
	PART I. DE/ 76/,5 Conditions, if o gove rise to i couse (o), stotling lying couse lost.	DUE TO	Jelis 4	I. Ou 171: 6	typliston	justen z me	Mace	M(1)	SET AND DE
ICATION	761,5 Conditions, if a gove rise to i couse (o), stating lying couse lost.	ony, which the under but to	Jelis 4	I. Ou 17. 6	typlington Peter Ofice NOT RELATED TO THE TERMIN	E ma Ha foll NAI DISEASE COND	Mace nua aury sition given	May on	IP. WAS AUTOPERFORME YES NO.
L CERTIFICATION	Conditions, if of gove rise to it couse (o), stoting lying couse lost. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	ony, which the under but to	Dema DITIONS CONTRIBUTION	Z. Out	Lyplington Lyplington Peter Place NOT RELATED TO THE TERMIN D. (Enter noture of injury in P			May on	SET AND DE
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Memorial Hospital Cumberland MA DATE

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CONTRACTOR OF THE PROPERTY OF THE PERSON OF	JATASH JATANA		
		Letter with the later	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7494 CERTIFICATE OF DEATH

Reg. Dist. N. 7511

-										ULA
	PLACE OF DEATH			MARYLAND	2. USUAL RESIDENCE (V o. STATE	Vhere decease	d lived. If institut b. COUNTY	ion: Resider	nce before a	
_		outside corporate limi	Is, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	oulside como	rote limits write I	LLEGA	7 7 7	town)
	RURAL ond give ne			II DAYS	X R. D. M.			CKPIE GING	give incores	ionių.
	d. NAME OF HOSPITA	AL (If not in hospital.	ive street	odd(est)	d. STREET ADDRESS	at Cumb	errand,		e. IS	RESIDENCE
		SPITAL-MEN	MIUN MORIA	ANU NVF.	Rt. 220	Cresa	ntown. M	đ		N A FARM?
3.	NAME OF	Fir		Middle	last	4. DATE	Mai		Day	Year
	DECEASED (Type or print)	RC	Y	LEE	WARE	OF DEATH		JULY	24	19 58
i. :	SEX			RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years			NDER 24 HRS.
1	MALE	WHITE	WIDOWI	^	MAY 14 190	5	lost birthdoy) 53 yrs.	Months	Days Ho	urs Min.
0	. USUAL OCCUPATIO	N (Give kind of work on the life, even if retired)	done 10b.	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Stot	e or foreign c	ountry)	12. CI	TIZEN OF W	HAT COUNTR
-	achine ope	ng me, even ir renred	,	CELANESE Con				111	S. A.	
3.	FATHER'S NAME		7	Market Ma	14. MOTHER'S MAIDEN			100	Ja Ha	
	FL	OYD WARE			AMANDA	Freil	1			
S.		IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT		Add	lress		
	No.	Type give no or ooks or s		17-10-6044	MEMORIAL HOSE	PITAL	CUMBERL	AND.	MARYLA	ND
	18. CAUSE OF DEAT	TH [Enter only one co	use per lin	ne for (o), (b), ond (c).]					INTERVA	L BETWEEN
	PART I. DEAT	H WAS CAUSED BY:	1 1	cute heart	Block					da.
	420.1	DUE TO								y, c.,
	Conditions, if on		. 1	cute myocar	dial infar	ction			9	da.
	gove rise to in cause (o), stating t	mediate (400
	lying cause lost.) (c)(loronary Hea	rt Disease				114	da.
o o	PART II. OTH	ER SIGNIFICANT CON		CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	VEN IN PAR	T 1(o) 19. W	AS AUTOPSY
CATION		none								RFORMED?
CERTIFI	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	UNDERLYING TO CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Port	I II of item 18.)			
MEDICAL	20c. TIME OF INJURY	Month, Doy, Yeo	or 20d. It	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, for	m, 20f. (City	or town)	(1	County)	(State)
2	Hour o.m.	19	While of world	Not while for at work	actory, street, office bldg., et	(c.)		Manii		,,
		at I attended the		ed from July 13	3 10 58 to Ti	117 2/	1 10 5	8		
Н	alive on Ju	v 24	12 5	18 and that doct	h occurred at 7:50F	NA 6	- Marie 19_0	Ω,that i	last saw t	he decease
	7)	1	5/	zsz, und mai dear	ii occorred at 1 - Toi		reet, city or town,		he date s	DATE SIGNE
	ACTUAL SIGNATURE	wolf.	lac	cenan My	M.D. 140 Bed:		Street		7/25	
		HAVILET			m.b		<u> </u>			
	PHYSICIAN'S D	R. JAMES HA	LLIN	AN	_Cumberl:	and 3	[arv] and	d		
720	BURIAL, CREMATION	I, 22b. DATE THEREO	F	22c. NAME OF CEMETERY (OR CREMATORY	22d. LOCAT	ION (City, town,	or county)		State)
	BEMOVAL (Specify)	7/27/58		Hillcrest B	urial Park		berland.	.,		
-	FUNERAL DIRECTOR'S	CICNIATURE		ADDRESS						
73.				land, Maryland	24g. REC	D BY REGIST	RAR 245 REGI	STRAR'S SIG	GNATURE	

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 75

17	CERTIFICATE OF DEATH	Reg. Dist. NJ) 751

1, PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE	(Where decease			before adm	ission)	
	Allegany	MARYLAND	Maryland Allebany						
b. CITY OR TOWN (If RURAL ond give neo	outside carporate limits, write rest lawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp	orote limits, write l	RURAL and gi	ve nearest to	wn)	
Rural, 01	dtown	2 YEARS	XRural Old						
OR INSTITUTION	L (If not in haspital, give street		d. STREET ADDRES					ESIDENCE A FARM?	
Route	1, Uldtown, N	id.						NO K	
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Mo	nth	Doy	Year	
(Type or print)	RESTIE	AGNES W	IGFIELD	DEATH	July 29			19 58	
5. SEX	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1	YEAR IF UN	DER 24 HRS.	
Female	White widowi	ED DIVORCED	Sept.10,18	380	77 yrs.	Months [Days Hour	s Min.	
10a. USUAL OCCUPATION	(Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S	tate or foreign	country)	12. CITIZ	EN OF WHA	AT COUNTRY?	
HOUSE		OWN HOME	OLDTO	OWN. MA	RYLAND	1	USA		
13. FATHER'S NAME			14. MOTHER'S MAID						
RII	EY HARTLEY		MELINDA	RECKL	EY				
		SOCIAL SECURITY NO. 17. 1	NFORMANT		Add	lress			
NO (IF	yes, give wor or dates of service)	RET	V. HARTLEY	WIGFIE	LD. LA V	ALE.	MARYLA	AND	
18. CAUSE OF DEAT	H [Enter anly ane couse per lin		1	11 -+	- /		LINTERVAL	RETWEEN	
PART I. DEATH	H WAS CAUSED BY:	Merry 6	Rentul	Level	deses	w	ONSET AN	ID DEATH	
420.0	DUE TO	1	1	1		•	1	, www.	
Conditions, if ony	/	William	400,00	11			1/1	14-	
gave rise to im	mediate (100000	v cura	Ce			un		
cause (a), stating the lying cause last.									
	R SIGNIFICAN CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	FPMINAL DISEA	SE CONDITION OF	/ENI INI DADT	1/a1 10 W/A1	V28OTUA 2	
E Slay Ald	Mulle Si	111,7	NOT RELATED TO THE T	LKMIINAL DIJEA	SE CONDITION GI	VEN IN PARI	PERF	ORMED?	
200. ACCIDENT WAS	UNDERLYING □ 20b. DESC	CRIBE HOW INJURY OCCURREN	D (Enter nature of injury	in Part Lar Pa	et II of item 18.1		AF2 [□ NO □	
OR CONTRIBUTING E	CAUSE OF DEATH								
20c. TIME OF INJURY Hour o. m.	Month, Day, Year 20d. It	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, story, street, affice bldg.,	form, 20f. (Cit	y or town)	(Co	unty)	(State)	
p. m.		k ot work				2			
21. I certify tha	attended the decease	ed from 1 7 Huy	1 19 8 810	IYAZZ	My 195	Sthat I la	ist saw the	e deceased	
alive on	July 19-	A and that death	accurred at 1	38/ M. Fra	m the causes				
	No. I a)4.	/		street, city or town,			DATE SIGNED	
ACTUAL SIGNATURE	yayi !	nees M	Montgo	mery A	venue		31	July 19	
PHYSICIAN'S NAME (Type)	PAUID T	: ICees	Montgo	mery A	ve. Cumb	erland	l, Mar	yland	
220. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF 8/1/58	22c. NAME OF CEMETERY O	R CREMATORY URIAL PARK		TION (City, town, MBERLAND			ote)	
23. FUNERAL DIRECTOR'S		ADDRESS		REC'D BY REGIS		STRAR'S SIGN			
	HAFER, CUMBER			NG 5 '5	- / 3	LEGULE	/		
			DATE		1000	20000			

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FOR STATE

HEALTH DEPT.

Juneral director. Page Juneral director. Page Juneral director. State Board of Health. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony delay is execute the certificate, writing the feet if pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to unera 4 shauld be forwarded to the Chief redical Examiner's Office along with form PM3. Page 5 may be refrained TO FUNERAL DIRECTOR: Page 3 shauld be used as a buriol-transit permit. File pages 1 and 2 with the State I or its designated agent, prior to buriol, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7518 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	4 U ± O IVILLE						Reg. C	Dist. No).		
1. PLACE OF DEATH a. COUNTY	Allegany	MARYE	LAND	2. USUAL RESIDENCE (W	here decease yland				for odmi		
b. CITY OR TOWN	(If outside corporate limits, write RU	C. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (IF	Sava		RURAL an	id give n	give nearest fawn)		
d. NAME OF HOSPI	ITAL OR INSTITUTION (If no	ot in hospital, give street address)	d. STREET ADDRESS					ON	ESIDENCE A FARM?	
3. NAME OF DECEASED (Type or print)	BERTHA First	CLARE		WINNER	4. DATE OF DEATH	July		24,		9 58	
female	- 3. 2 1.	MARRIED NEVER MARRIED IDOWED DIVORCED		DATE OF BIRTH 12-7-1901		9. AGE (In years loss bjothytoy) 50 yrs.	IF UNDER	Days	Haurs	ER 24 HRS. Min.	
during most of work nouseWO	ION (Give kind of work daning life, even if retired)	own home	NDUSTR	Maryla	or fareign o	ountry)	12. CI1		S.A	COUNTRY	
13. FATHER'S NAME John	Martin			14. MOTHER'S MAIDEN N Mary O		nor					
15. WAS DECEASED E	VER IN U. S. ARMED FORCE			FORMANT Oysius Win	ner,	Mt. Sa		, Mo	d.		
	ATH [Enler only one couse ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO	cer line far (a), (b), ond (c).]	4	occlus	ion			Sz.	EVAL BETWEEN AND DEA	en ith	
Conditions, if gove rise to imme (o), stoting the couse last.	ony, which (b)_	Corona	y.	Sclerose	<u>v</u>				_		
PART II, OT	THER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PAI			AUTOPSY PRMED?	
	AUSE WAS ONTRIBUTING []	DESCRIBE HOW INJURY OCCURE	RED. (En	fer nature af injury in Part	f ar Part II	of Item 18.)					
20c. TIME OF INJU		20d. INJURY OCCURRED 20d While Nat while at work at wark	e. PLACI factor	E OF INJURY (Home, form, y, street, office bldg., etc.)	20f. (Cil)	or town)	(Co	ounty)		(State)	
	resulted from: Na	the remains described durol causes . Accid	ent [, Suicide , H	lomicide	-		monne	•	d in my	
EXAMINER'S NAME (Type)	Benedict	- SKITAREL		M.D. CHIEF MEDICAL EX. ASSISTANT MEDICAL DEPUTY MEDICAL E	L EXAMINE	411	ly	2	4,1	938	
Burial Burial	7-26-58			's Cemeter	У		or county) Vage	, Mo	(State)	
23. FUNERAL DIRECTO	R. Durst,	Frostburg,	Md.		2 8 15	RAR 246. REGI	STRAR'S SI				

AND THE PROPERTY OF THE PARTY O